Government of Saskatchewan

Annual Report 1983-84

Saskatchewan Medical Care Insurance Commission

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Saskatchewan Medical Care Insurance Commission

T. C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Annual Report For the Year Ending March 31, 1984

ISSN 0080-6544

Minister of Health

Regina, June, 1984

To the Honourable F. W. Johnson,
Lieutenant Governor of Saskatchewan.

May It Please Your Honour:

I beg to present herewith, for your consideration, the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1984.

Respectfully submitted,

Graham Taylor

Graham Taylor,
Minister of Health.

Saskatchewan Medical Care Insurance Commission

Regina, June, 1984

To The Honourable Graham Taylor,
Minister of Health.

Sir:

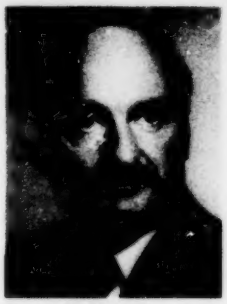
I am pleased to present herewith the annual report of the Saskatchewan Medical Care Insurance Commission for the year ended March 31, 1984.

Respectfully submitted,

Paul H. Good, M.D.,
Chairman.

Members of the Commission

March 1984

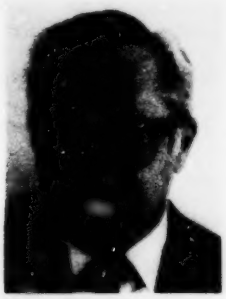


Dr. P. H. Good
Chairman
Regina

Dr. C. J. Wright
Vice-Chairman
Saskatoon
1st Term of Office
ends March 23, 1985

Mrs. J. Alexander
Regina
1st Term of Office
ends August 31, 1984

Ms. P. Blacklock Linn
Saskatoon
1st Term of Office
ends Oct. 28, 1985



Dr. L. Brand
Saskatoon
1st Term of Office
ends Oct. 28, 1985

Mr. V. Bucsis
Melville
1st Term of Office
ends Oct. 28, 1985

Dr. M. M. Fraser
Regina
1st Term of Office
ends Oct. 28, 1985

Mr. K. J. Fyke
Regina
Deputy Minister
of Health

Mr. L. Prosser
Saskatoon
1st Term of Office
ends Oct. 28, 1985

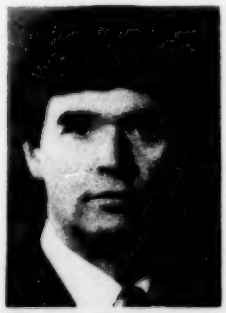
Dr. L. Lavoie
Melfort
1st Term of Office
ends Mar. 29, 1987

Dr. A. Strudwick
Fort Qu'Appelle
1st Term of Office
ends Oct. 28, 1985

Executive Director

Mr. G. C. Patchett
Regina

Associate Executive Director



Mr. G. F. Peters
Regina

Table of Contents

	Page
The Plan in Brief	6
1983-84 Highlights	7
The Saskatchewan Medical Care Insurance Plan	8
Introduction	8
The Commission	8
Responsibilities of the Commission and Government	8
Administrative Organization	8
Medical Care Insurance Fund	11
Eligibility for Benefits	11
Insured Services and Exclusions	11
Methods of Payment	13
Rates of Payment for Insured Services	13
Professional Review of Services	14
Swift Current Health Region	14
Claims Processing System	14
Medical Care Research	15
Financial Statements	16
Receipts and Payments	16
Administration Payments	17

Page

Statistical Tables and Section of Graphs

Introductory Notes 18

Section of Graphs (Figure Nos. 1 to 5) 20

Table Number:

1. Summary of Receipts and Payments 25
2. Analysis of Per Cent Change in Annual Gross Payments 25
3. Adjustments and Recoveries by the Commission 26
4. Volume of Claims Compared to Number of M.C.I.C. Staff 26
5. Claims Received by Method of Billing 26
6. Services and Payments by Age and Sex of Beneficiaries 27
7. Beneficiaries, Payments and Services by Dollar Value of Benefits 28
8. Physician Services and Payments by Age and Sex 29
9. Services by Type of Service 30
10. Payments by Type of Service 31
11. Average Payment Per Service by Type of Service and Type of Practitioner 32
12. Per Cent of Services and Payments by Type of Service 33
13. Resident Physician Services by Type of Service and Type of Practitioner 34
14. Patients, Services and Payments for Selected Procedures 36
15. Patients, Services and Payments for Selected Conditions 37
16. Turnover of Physicians 38
17. Practitioners in Relation to Population and Practice Size 39
18. Practitioners by Size of Practice 40
19. Practitioners by Range of Patient Contacts 41
20. Practitioners by Place of Graduation 42
21. Practitioners by Age Group 43
22. Average Payment (000's) Per Resident Practitioner by Specialty and Range of Paid Amount 44
23. Average Payment Per Practitioner by Specialty, 1978-79 to 1983-84 46
24. Physician Payments by Specialty Group 47

The Plan in Brief

		Page
Comprehensive	Most services by physicians, refractions by optometrists and visit and x-ray services by chiropractors are insured for all eligible residents.	11
Commission Administered	The Commission is appointed by the Government, a minimum of three commissioners are practising physicians.	8
Simple Eligibility Requirements	New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the Province.	11
No Restrictions Due to Pre-existing Conditions	No matter what previous health problems existed a beneficiary is entitled to all insured services.	—
Free Choice by Patient	A beneficiary may select any physician, optometrist or chiropractor desired.	—
Provider of Service has Free Choice	The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient.	—
Coverage Anywhere in the World without prior Approval of the Plan	Payment is generally made at Saskatchewan rates.	14
Immediate Coverage for Certain Special Residents	Certain special residents qualify for coverage immediately on arrival in Saskatchewan.	11
Authorized Extra Charges	A beneficiary may have to pay the difference between the specialist referred and unreferred rate when not referred for specialist treatment received.	13
Physician has Several Choices of Billing	A physician may bill the Plan directly; bill through an approved agency; or bill the patient who may send the account to the Plan.	13
Financial Support of Plan	The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.	11

1983-84 Highlights

		Page
1.	Benefits paid for insured services totalled $162.5 million, 9.6% more than the $148.3 million in 1982-83.	25
2.	The average payment per beneficiary in 1983-84 based on the rate per 1,000 beneficiaries was $160.00, up from $148.55 in 1982-83. The cost for an average size family amounted to approximately $530.00 for the year.	31
3.	In 1983-84, 85.4% of insured persons actually received physician services, compared to 85% in the previous year.	28
4.	The number of claims processed in 1983-84 increased by 274,000 over the previous year, to a total of more than seven million.	26
5.	Administration of the plan, including staff, office space, furniture, computer time and claims processing, cost 4.1% of total program cost. For every dollar allocated to the program 96 cents was paid in benefits.	25
6.	Special calls and emergency visits billed totalled 441,900, at a cost of over $7 million.	30, 31
7.	The rate of 16.91 per 1,000 beneficiaries for allergy investigation and hyposensitization injections represented a 6.5% increase over the previous year; a total of 216,090 of these services were billed.	36
8.	Benefit payments for services by physicians resulted in an average of $134,600 being paid for each active physician.	44
9.	Benefit rates for chiropractic services in 1983-84 resulted in an average payment per active chiropractor of $78,500.	45
10.	Insured services by chiropractors increased to 669,000 from 618,100 in the previous year.	30
11.	In 1983-84 benefits for insured optometric services resulted in an average payment per optometrist of $63,600.	45
12.	The number of insured services by optometrists increased from 178,900 in 1982-83 to 195,600 in 1983-84.	30

The Saskatchewan Medical Care Insurance Plan

Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under The Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, services by chiropractors and optometrists.

The Plan is financed through the Medical Care Insurance Fund. The fund is supported by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal Government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependent upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

The Commission

The Medical Care Insurance Plan is administered by a Commission consisting of not less than seven nor more than eleven members responsible to the Minister of Health. In 1983-84 there were eleven members. Two physician members are nominated by the Saskatchewan Medical Association. Another physician member is nominated by the Dean of Medicine, University of Saskatchewan. Each commissioner is appointed for a three-year term of office and may be reappointed, but cannot serve more than two terms consecutively.

Dr. P. H. Good is Chairman of the Commission.

Responsibilities of the Commission and Government

The general responsibilities of the Commission are stated in the Act to be the establishment and administration of a plan of medical care insurance for the residents of the Province. Regulatory powers are assigned in the Act to both the Lieutenant Governor in Council and the Commission, with responsibilities generally divided as follows:

(a) Lieutenant Governor in Council (Cabinet):

1. All matters concerning basic fiscal and related policies — e.g. financing of the Plan.

2. All matters affecting the coverage of the Plan — e.g. services to be insured, beneficiaries to be covered.

The Lieutenant Governor in Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

(b) Commission:

1. All matters governing arrangements to pay for insured services.

2. All matters governing rates of payment to providers of service, methods of payment, and assessment of accounts.

Before making any regulations altering the general rates of payment for insured physician services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Administrative Organization

Executive Branch

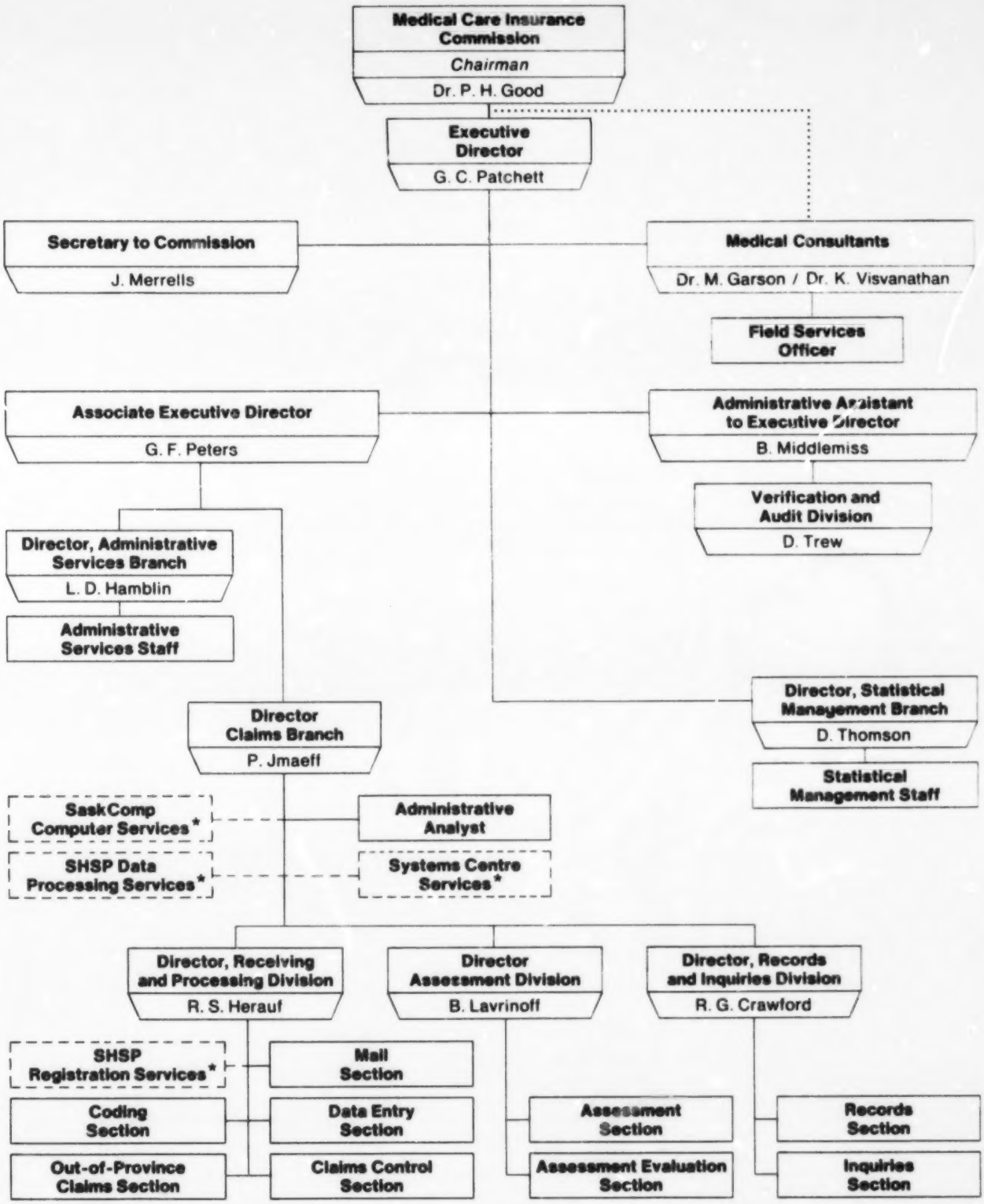
The Executive Director, Mr. G. C. Patchett is responsible to the Commission for the overall administration of the Plan. Mr. B. Middlemiss, Administrative Assistant provides assistance to the Executive Director in relation to a wide range of administrative matters. The Associate Executive Director, Mr. G. F. Peters is responsible for the administrative service support and claims processing functions. The Commission Secretary carries out secretarial duties for the Commission and Chairman.

The Verification and Audit Division under the direction of Mr. D. Trew is responsible for the claims verification and audit program.

Medical Consultants, Dr. J. M. R. Garson and Dr. K. R. Visvanathan provide advice on a wide range of clinical considerations related to the MCIC assessment policies generally and in the assessment of claims for services required in difficult and complex medical situations. The two consultants provide advice and assistance to physicians throughout the Province on day to day issues associated with interpretation of the schedule of benefits, billing and claims assessment. As full-time staff the medical consultants are active in committee deliberations concerning the internal operation of MCIC and those involving other health organizations and agencies.

The Field Services Officer, Mrs. R. Naujok, makes visits throughout the Province to physicians who have payment agreements with the Commission and to other physicians upon request and provides a personal link whereby any problems associated with the handling of accounts may be relayed to the Commission.

Organization of the Saskatchewan Medical Care Insurance Commission



* Indicates contractual arrangements with these agencies

March 1984

Claims Branch

This branch, under the direction of Mr. P. Jmaeff, is responsible for the processing of claims. The total staff numbering 111 is divided into three divisions referred to below. The Director of Claims co-ordinates the Commission requirements in relation to the contractual services supplied by the Saskatchewan Computer Utility Corporation, the Provincial Government Systems Centre and the Saskatchewan Hospital Services Plan.

The Claims Branch Administrative Analyst, Mr. D. Bartel, undertakes studies on a continuing basis, directed toward the development of improved administrative practices and the maintenance of a high level of efficiency in systems procedures.

Receiving and Processing Division

Mr. R. S. Herauf with a staff of 70 is responsible for receiving, screening and coding incoming claims, totalling over seven million in 1983-84. This division transfers information on the claims to magnetic tape to enable computer processing of accounts. The division is also responsible for correcting or returning claims which have been rejected by the computer because of incorrect patient identity particulars.

Assessment Division

The Assessment Division, headed by Mr. B. Lavrinoff, has a staff of 24. The division is responsible for the manual assessment of all accounts which cannot be processed by the computer; and participates in the development of assessment policies and evaluation of computer assessment rules. The division also provides a liaison service with practitioners with regard to the general assessment of claims, assessment rules, explanatory codes and payment agreements.

Records and Inquiries Division

Under the direction of Mr. R. G. Crawford, a staff of 14 in the division manages the storage and retrieval of all claims and payment records. Another of the division's main functions is responding to inquiries from the public and providers of services regarding the Plan's benefits and payment of claims.

Computer Services

Routine assessment and approval of accounts for payment is performed by computer under a contractual arrangement with the Saskatchewan Computer Utility Corporation. A computer check of each claim is made against stored information to determine whether it may be approved. Claims which fail the computer check are referred to either the Assessment Division or the Receiving and Processing Division for follow-up action.

Maintenance of computer programs is carried out under a contractual arrangement with the Systems Centre.

Registration

Registration of beneficiaries is carried out by the Saskatchewan Hospital Services Plan which is reimbursed by the Commission for such services performed on its behalf.

Administrative Services Branch

The Administrative Services Branch has a staff of 9 under the direction of Mr. L. D. Hamblin. The Branch provides a number of central services for the Commission in the fields of personnel, accounting, budgeting, purchasing and supplies.

Statistical Management and Evaluation Branch

The Director of the Branch, Mr. D. Thomson, with the Assistant Director and staff, undertakes numerous statistical studies which form an essential element of the management process and provide an insight into trends in the utilization of services and their associated costs.

Studies are based on data available from the Commission's operation and from an information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various health practitioners.

Medical Care Insurance Fund

All payments by the Plan are made from the Saskatchewan Medical Care Insurance Fund. The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that in which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Except for "Special Residents" new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

Special Residents

The term "special resident" includes:

1. A landed immigrant,
2. A discharged member of the Canadian Forces,
3. Returning spouse of a member of the Canadian Forces,
4. A returning Canadian citizen,
5. A returning resident,
6. Certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

Excluded Residents

The following residents are entitled to receive medical care under Federal programs and are excluded from Commission coverage:

1. Members of the Canadian Forces,
2. Royal Canadian Mounted Police,
3. Inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

Beneficiaries Leaving the Province

1. Establishing residence outside the Province.

Beneficiaries leaving the Province are eligible under the Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

2. Temporarily absent from the Province.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter into employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the Province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon the completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

Insured Services and Exclusions

Insured Services

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services. The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services. Surgical procedures, by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Insured Services — (Continued)

Maternity Services. Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia. The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- dental anaesthesia in hospital;
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology;
- laboratory services, including interpretations, provided by a specialist in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist;
- other diagnostic services provided by a physician.

Preventive Medical Services. Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of marriage, insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions. Eye examinations to determine refractive error. (Frequency of examinations under Optometric Services below also applies.)

Optometric Services

Refractions. Eye examinations to determine refractive error. Unless special medical factors are present, the frequency of examinations is limited to one in any 12-month period for all ages.

Dental Services

(a) Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

(b) Certain services in connection with abnormalities of the mouth and surrounding structures.

(c) Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

(d) Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

(e) Extraction of teeth medically required for the provision of:
- heart surgery;
- services for chronic renal disease; or
- services for total joint replacement by prosthesis;

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the Commission is received.

Chiropractic Services

Chiropractic visit and x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the Province.

Exclusions

The following services are not insured:

Health services received under other public programs including: Saskatchewan Hospital Services Plan, The Workers' Compensation Act, The Mental Health Act.

Diagnosis and treatment of cancer. All services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

The following physician services are excluded:
- travelling;
- advice by telephone;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of marriage, employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

The following additional services are excluded:
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by physiotherapists; physiotherapy services for hospital outpatients are covered under the Saskatchewan Hospital Services Plan;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- dentistry, except as described under Insured Services — Dental Services;
- drugs;
- appliances (e.g. eye glasses, artificial limbs).

Methods of Payment

Fee-For-Service Payment

The Medical Care Insurance Commission makes fee-for-service payment by the following three methods:

Direct Payment to Practitioner — The practitioner may submit the account directly to the Commission, which makes payment to the practitioner. Under this method of payment the practitioner agrees to accept the Commission payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment through Approved Health Agency — If beneficiary and physician are members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician submits the account to the agency. The Commission makes payment to the agency which in turn makes payment to the physician. Under this method of payment the physician agrees to accept the payment as payment in full except for certain authorized charges. (See under Rates of Payment).

Payment to Patient — Where neither of the above methods apply the practitioner must provide an itemized account in order for the patient to obtain payment from the Commission. The patient can send the account to the Commission or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The Commission makes payment to the patient who is responsible for paying the practitioner's account. Under this method the amount charged by the practitioner may be different from the payment made by the Commission.

Contract Payment

As an alternative to fee-for-service payment the Commission may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the Commission prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

Private Agreement

A practitioner may advise a patient that he wishes to treat him on an entirely private basis. If the patient agrees, the practitioner is not required to provide the patient with an itemized statement of services and the Commission is not responsible for payment. Settlement of the account is a private matter between the practitioner and patient.

Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1983-84 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patients treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations who are responsible for the clinics. The Commission contributed towards payments made to the Health Associations by the Saskatchewan Hospital Services Plan, the agency handling this type of budget operation.

Rates of Payment for Insured Services

Physician Services

Payment for physician services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist. The physician may then charge the beneficiary the difference between the specialist referred and unreferred rate.

Optometric Services

Payment for eye examinations to determine refractive error when provided by optometrists is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Optometric Association and the Commission.

Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the Commission's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Commission.

Out-of-Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the Plan.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the Province notifies the Commission prior to the service being provided, and the Commission agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.

Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Commission was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the Province and makes recommendations to the College, the Association or the Commission. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the Commission's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the Commission may take monetary action. During 1983-84 the Committee reviewed the patterns of billing of fifty physicians. Seven meetings of the Joint Professional Review Committee were held in that year.

The Joint Optometric Professional Review Committee consisting of three representatives from the Saskatchewan Optometric Association and two representatives from the Medical Care Insurance Commission was established in 1982. The Committee reviews the billing and practice patterns of optometrists and makes recommendations regarding these matters to the Association or the Commission.

A review of chiropractic services and payments is carried out by the Chiropractic Review Board which consists of chiropractors and officers of the Commission.

Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region may send their accounts directly to the Region or to the Commission. Region staff check and code claims submitted to the Region. They then send the claim information by automated means to the Commission for processing. The Commission provides the Swift Current Health Region with a grant to cover administrative costs in operating the program.

Claims Processing System

1. Claims are received (average of 137,000 per week) from physicians, optometrists, chiropractors, patients, and the approved health agencies.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Master Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.

(b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.

5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.

(b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the Commission staff. The rejected claims are either corrected or returned to the sender for additional information.

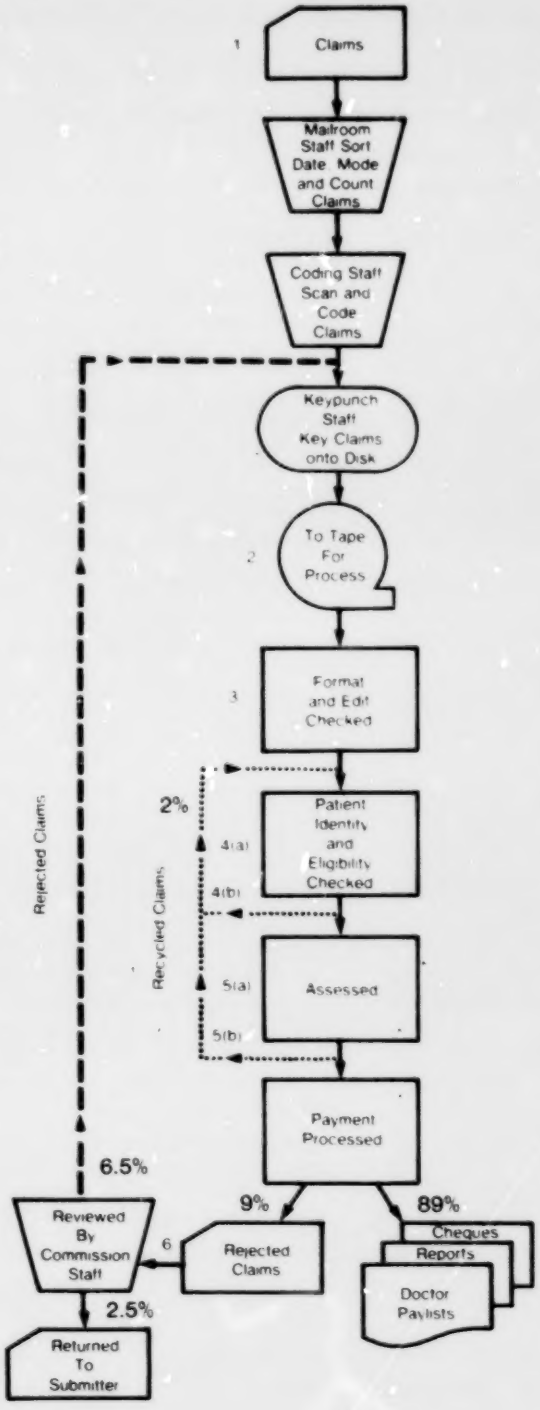
In lieu of the manual submission of claims referred to in item 1 above, the Commission may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claims systems are urged to contact the Commission prior to purchase of the equipment to ensure compatibility with the Commission's claims processing system.

Medical Care Research

From time to time the Commission assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the Commission has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The Commission's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons, the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the Commission for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the Commission.



Statement of Receipts and Payments

Year Ended March 31, 1984

(With comparative figures for the previous year)

1983	Receipts:	1984
	Grants from the Consolidated Fund	
$148,795,000	— Insured services	$164,146,000
5,998,970	— Administration	6,394,000
190,664	Bursary refunds including interest	231,935
154,984,634	**Total Receipts**	**170,771,935**
(3,117,937)	Overdraft on bank — beginning of period	(2,742,933)
$151,866,697		$168,029,002
	Payments:	
	Payments under Saskatchewan Medical Care Insurance Act:	
	Insured service payments to:	
$123,923,891	Physicians	$136,871,479
3,308,432	Approved Health Agencies	3,080,329
3,744,778	Swift Current Health Region	3,883,141
	Beneficiaries	
6,254,255	— for physicians services	5,455,634
2,605,539	— for chiropractor services	2,954,943
203,768	— for dental services	245,608
	Saskatchewan Hospital Services Plan —	
4,336,265	Community Health Association	4,344,985
4,396,956	Optometrists	5,103,539
3,022,414	Chiropractors	3,610,345
602,360	Dentists	672,359
152,398,658	**Gross insured service payments**	**166,222,362**
	Less refunds from:	
3,797,406	— Cancer Foundation for cancer services	3,488,305
316,608	— Practitioners, for insured services	276,708
148,284,644	**Net insured service payments**	**162,457,349**
5,982,978	Administration payments (Statement 2)	6,335,218
151,950	Grants to Swift Current Health Region	150,706
154,419,572	**Total payments under Saskatchewan Medical Care Insurance Act**	**168,943,273**
190,058	Department of Advanced Education and Manpower Bursary Refunds	231,935
154,609,630	**Total payments Saskatchewan Medical Care Insurance Fund**	**169,175,208**
(2,742,933)	Overdraft on bank — end of period	(1,146,206)
$151,866,697		$168,029,002

(See accompanying notes to the financial statements)

Notes to Financial Statements

1. **Accounting Policies**

   a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding bank balance) of the Fund, as at March 31, 1984, are not reflected in these financial statements.

   b) In accordance with government accounting policy, costs not normally allocated between government departments, such as occupancy costs are not charged to the Fund.

2. **Authority**

   The Saskatchewan Medical Care Insurance Fund was established in 1962 under the authority of The Saskatchewan Medical Care Insurance Act, S. 29.

Statement of Administration Payments

Year Ended March 31, 1984

(With comparative figures for the previous year)

1983		1984
$3,880,171	Salaries	$4,056,678
566,705	Systems analyst services	583,673
489,340	Registration services (S.H.S.P.)	571,040
467,266	Computer Services	487,760
253,050	Postage and communication	256,123
144,225	Stationery and office supplies	123,812
76,774	Data processing services (S.H.S.P.)	84,157
50,802	Equipment purchase and repair	82,207
78,880	Rent of office equipment	80,874
40,263	Payments to Commission members	48,372
51,597	Printing and advertising	46,235
9,876	Miscellaneous contractual services	18,017
13,288	Travel and sustenance	11,043
5,247	Educational and professional dues	8,106
6,127,484		6,458,097
144,506	Less: Recoveries for services to other agencies	122,879
$5,982,978	**Total administration payments to Statement 1**	**$6,335,218**

(S.H.S.P.) Saskatchewan Hospital Services Plan

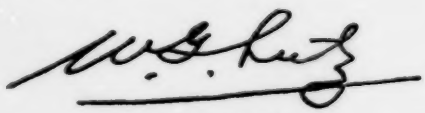
(See accompanying note to the financial statements)

Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the statement of receipts and payments and the supporting statement of administration payments for the Saskatchewan Medical Care Insurance Fund for the year ended March 31, 1984. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the cash transactions of the Fund for the year ended March 31, 1984 and the bank balance at that date in accordance with the stated accounting policies of the Fund applied on a basis consistent with that of the preceding year.



Regina, Saskatchewan
May 2, 1984.

W. G. Lutz, F.C.A.,
Provincial Auditor.

Statistical Tables

Introductory Notes

General — The following tables are based upon Commission payments made during 1983-84 for medical, optometric and chiropractic services provided to Commission beneficiaries as outlined in Table 6, page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items. Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region in 1981-82 and subsequent fiscal years are included in the insured service data for that year.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by the Saskatchewan Hospital Services Plan.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1983-84 include some services rendered in 1982-83.

Payment Adjustments — The difference between "Gross Insured Service Payments" (Statement 1, Page 16) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to S.H.S.P. on a global basis for medical and optometric services provided in community clinics.

Number of Services — Certain categories of service data shown in the tables may:

(a) represent an understatement, e.g.:
  (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;
  (ii) obstetrical services include post-natal care in hospital;
  (iii) some visit services include minor procedures;

or

(b) represent an overstatement, e.g.:
  (i) surcharges counted as services.
  (ii) additional time units in anaesthesia, surgical assistance, etc., counted as services.

Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls and Emergency Visits** — Visits other than (a), (b), (c), (e) or (f), provided when a physician is specially called to attend a patient on a priority basis which causes a degree of disruption of work or out-of-hours activity, and travel. This category includes surcharge payments for specially called visits and special calls to a hospital to provide anaesthesia, Special Care Home and Nursing Home routine visit services, and house calls not specially called.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient returns to the referring physician for continuing treatment. If continuing treatment is provided by the consultant the visit is classified and paid as a complete or partial assessment.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (see page 12).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprises therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprises special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Refractions by Optometrists** — Eye examinations to determine the refractive state of the eye, when provided by an optometrist.

Categories of Practitioners (Tables 13 and 16 to 24)

I. **Physicians**

(a) **Family Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A family practitioner who maintains patients' medical records with one or more other physicians.

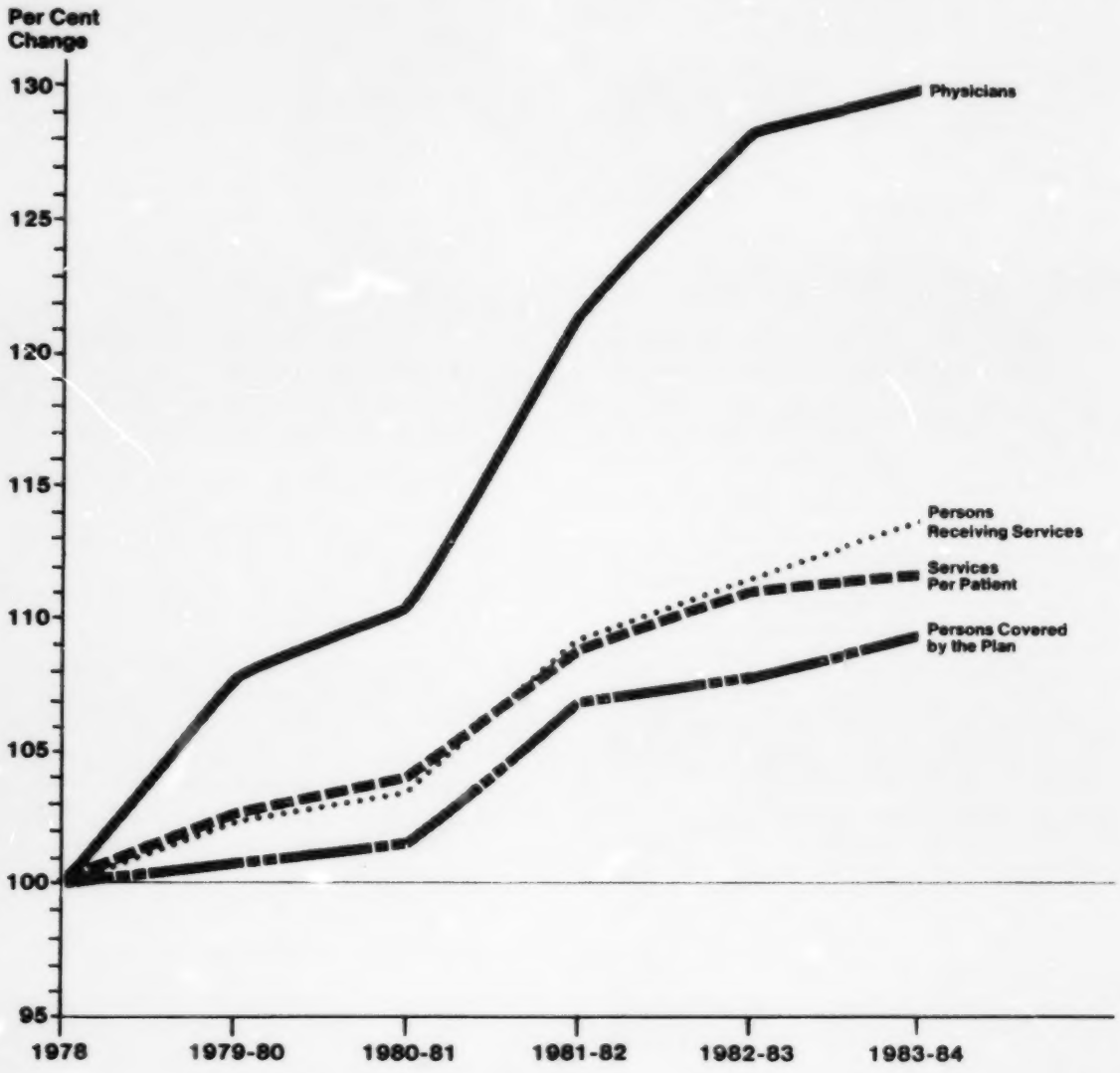
(iv) **Solo** — A family practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive Commission payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.
Note: Physiatrists are included with Internists; Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — A practitioner registered by the Saskatchewan Optometric Association.

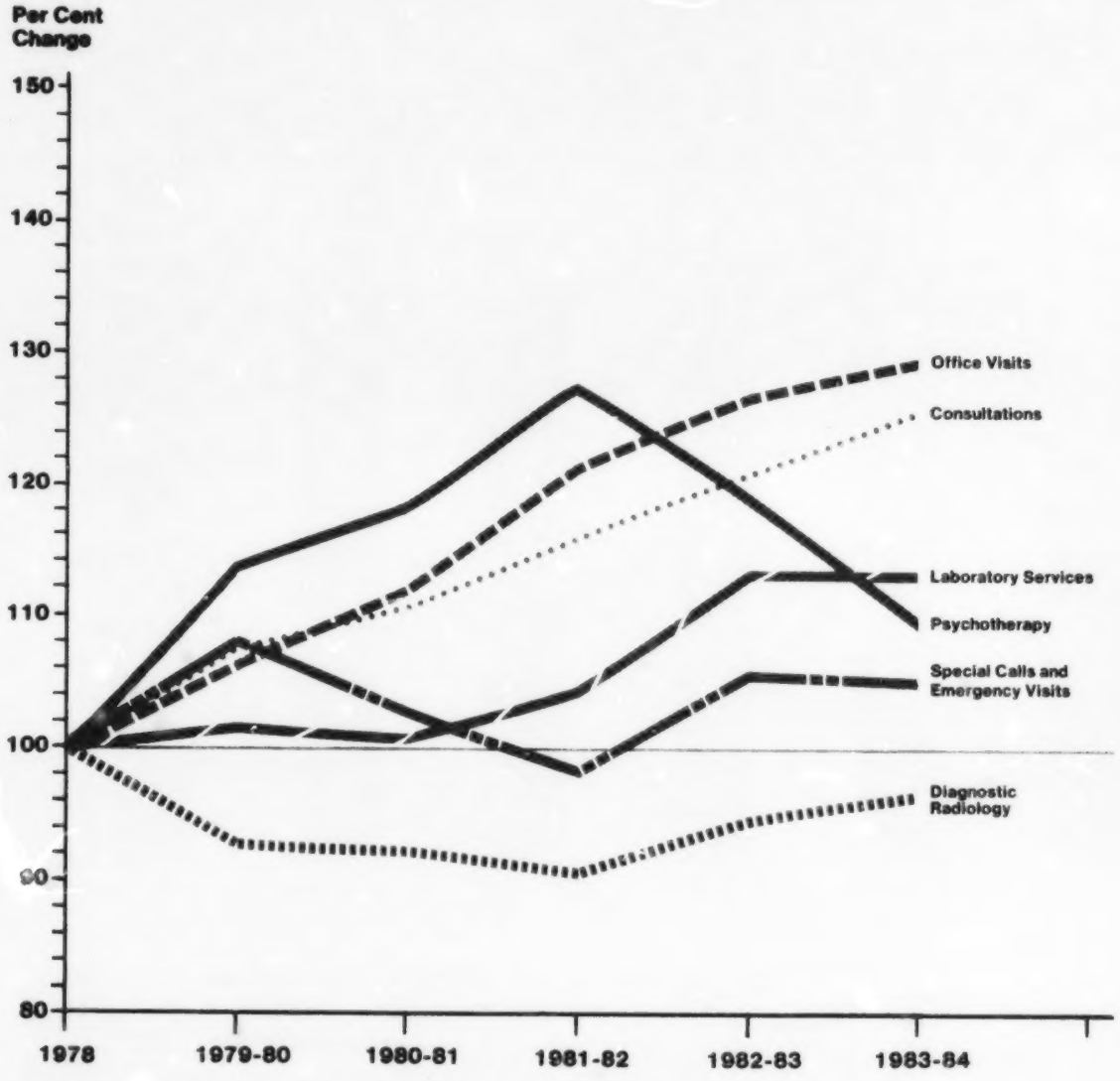
III. **Chiropractor** — A practitioner registered by the Chiropractors' Association of Saskatchewan.

Figure 1
Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1978)



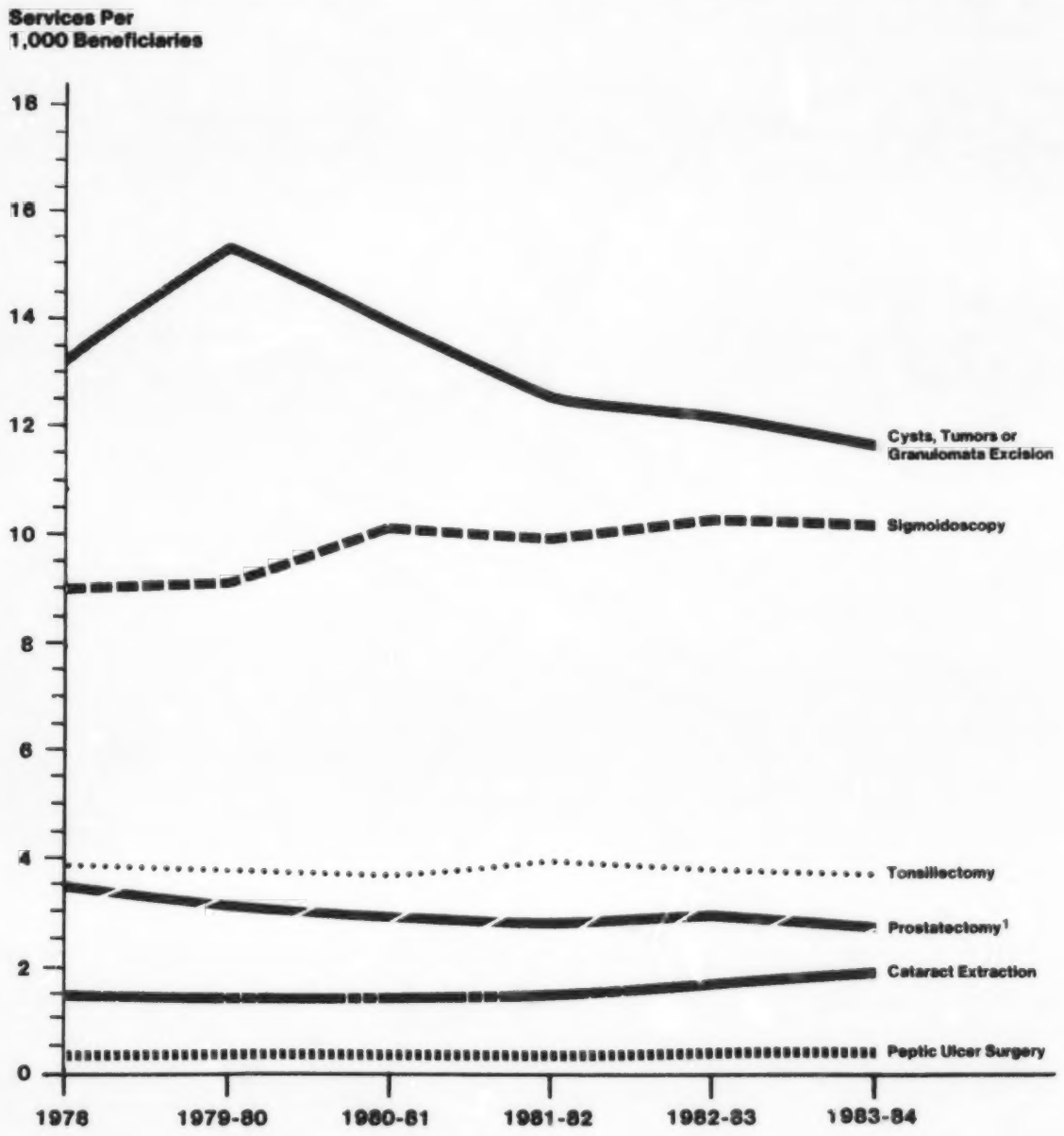
Note: (a) Data shown are for calendar year 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1983-84.
(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured data for those years.

Figure 2
Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Service (Indexed to Base Year 1978)



Note: (a) Data shown are for calendar year 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1983-84.
(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured service data for those years.

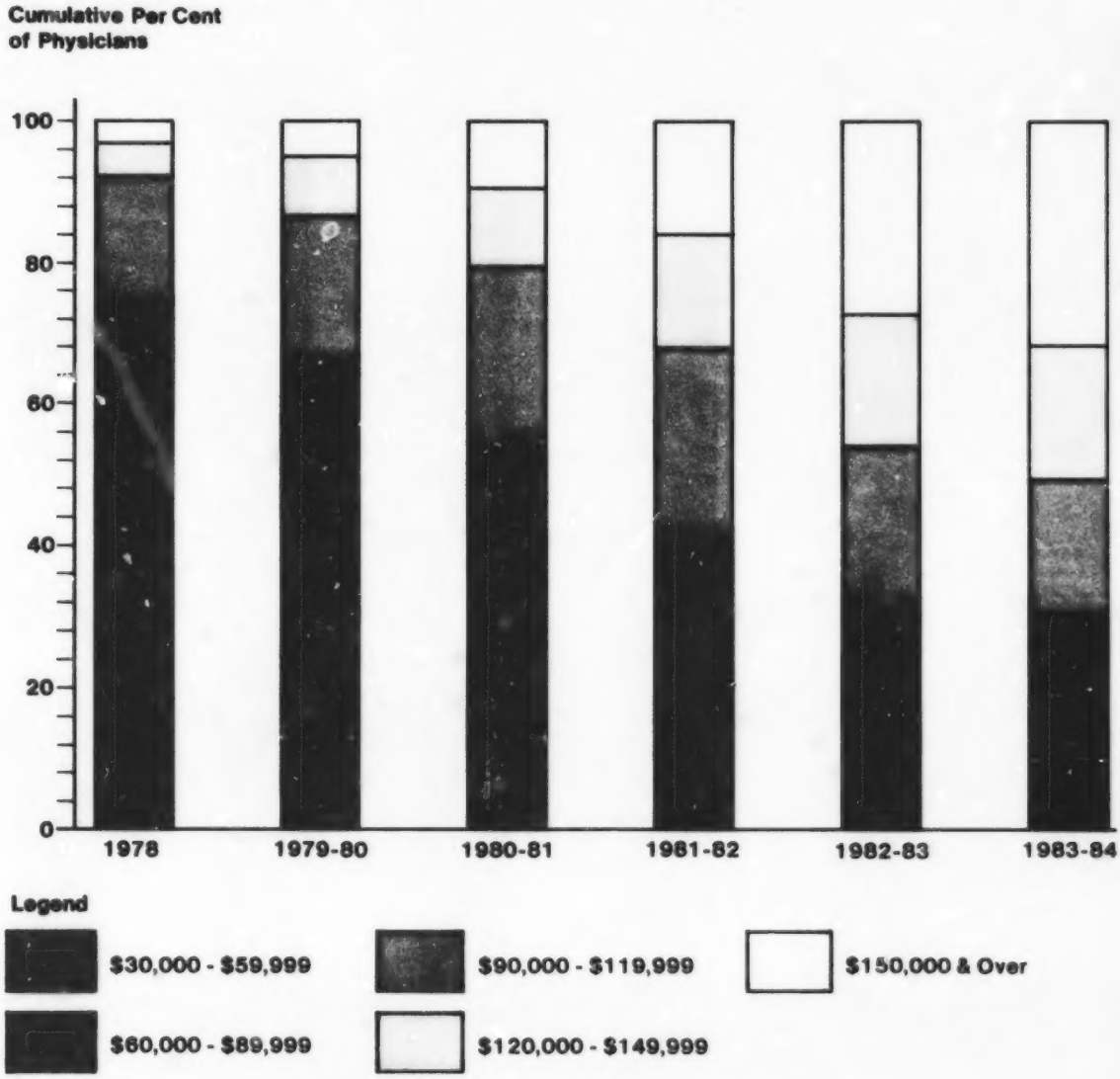
Figure 3
Services Per 1,000 Beneficiaries for Selected Procedures, 1978 to 1983-84



[1] Per thousand male beneficiaries.

Note: (a) Data shown are for calendar year 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1983-84.
(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured service data for those years.

Figure 4
Per Cent of Physicians by Range of MCIC Payment, 1978 to 1983-84



Note: (a) Data shown are for calendar year 1978, and for fiscal years, i.e. April to March, inclusive, for 1979-80 to 1983-84.
(b) Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning in 1981-82 are included in the insured service data for those years.

Figure 5
Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment

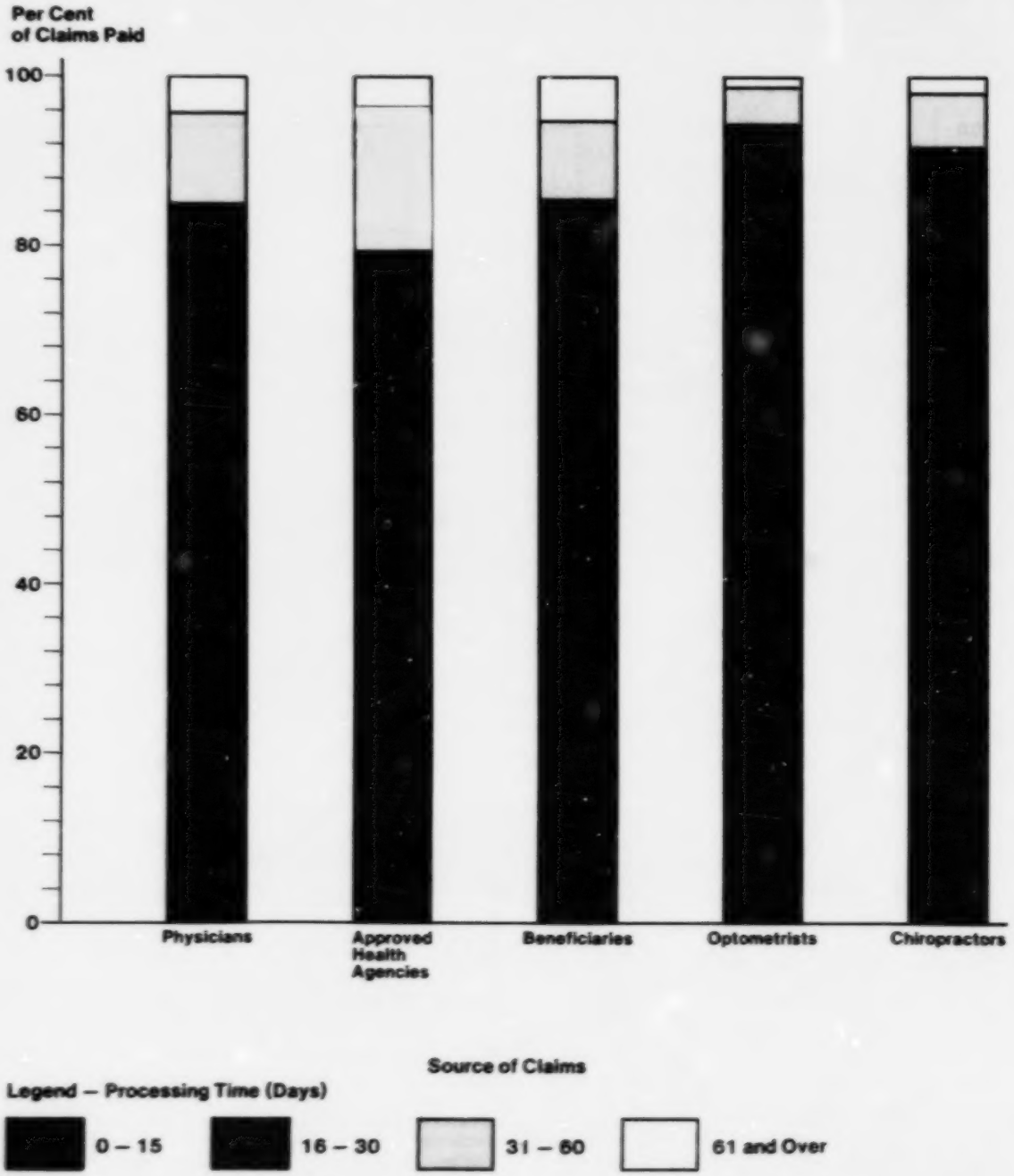


Table 1
Summary of Receipts and Payments

	Amount (000's)		Per Cent of Total	
	1982-83	1983-84	1982-83	1983-84
Receipts				
Grant from Consolidated Fund	$154,794	$170,540	100.2	101.0
Adjustments between bank balance at start and end of year	(374)	(1,597)	(0.2)	(1.0)
Total Receipts	**$154,420**	**$168,943**	**100.0**	**100.0**
Payments				
Insured Services	$148,285	$162,457	96.0	96.2
Swift Current Health Region	152	151	0.1	0.1
Administration Payments[1]	5,983	6,335	3.9	3.7
Total Payments	**$154,420**	**$168,943**	**100.0**	**100.0**

[1] Does not include the value of some services and facilities provided at no direct cost to the Commission by other Government agencies e.g. office space, furniture, central purchasing, central personnel services, or group life contributions. Their estimated value is $588,000 for 1982-83 and $620,000 for 1983-84. Including them brings administration costs as a per cent of total payments to 4.2% in 1982-83 and 4.1% in 1983-84.

Table 2
Analysis of Per Cent Change in Annual Gross Payments

Year	Gross Payments for Insured Services (000's)[1]	Per Cent Change Due to: Change in Population	Increase in Fees	Change in Coverage[2]	Change in Value of Claims Inventory[3]	Change in Per Capita Utilization[4]	**Total Per Cent Change**
1979-80	83,555	—	—	—	—	—	—
1980-81	99,401	0.67	13.36	0.17	−0.63	5.39	**18.96**
1981-82	122,253	0.88	14.82	3.25	1.90	2.14	**22.99**
1982-83	148,601	1.07	15.38	0.24	−1.79	6.65	**21.55**
1983-84	162,734	1.40	6.04	—	0.67	1.40	**9.51**
Average Annual Per Cent Change 1979-80 to 1983-84	—	1.00	12.40	0.91	0.04	3.90	**18.25**

[1] Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1, page 16.

[2] Effective January 1, 1980 optometric services to beneficiaries of the Swift Current Health Region are included in coverage.

Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning with 1381-82 are included in the insured service data for those years.

[3] Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

[4] The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services.

Table 3
Adjustments and Recoveries by the Commission

	1982-83		1983-84	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,587	$7,360.0	1,616	$7,687.2
Special Commission Studies[3]	3	29.0	14	44.5
Professional Review Activity	16	287.6	23	232.2
Total	—	**$7,676.6**	—	**$7,963.9**

[1] Practitioners who received a Commission payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the Commission.

Table 4
Volume of Claims Compared to Number of M.C.I.C. Staff

Year	1979-80	1980-81	1981-82	1982-83	1983-84
Thousands of Claims Received	5,823	6,121	6,459	6,855	7,129
Number of Employees[1]	167	158	159	159	151
Claims per Employee	**34,868**	**38,740**	**40,623**	**43,113**	**47,212**

[1] Number of employees on staff as at March 31 of each fiscal year.

Table 5
Claims Received by Method of Billing

	Thousands of Claims Received					Per Cent of Claims Received				
Claims Received from:[1]	79-80	80-81	81-82	82-83	83-84	79-80	80-81	81-82	82-83	83-84
Physicians[2]	4,662	5,024	5,389	5,758	6,025	80.1	82.1	83.4	84.0	84.5
Optometrists	159	169	168	181	197	2.7	2.7	2.6	2.6	2.8
Chiropractors	199	226	245	284	316	3.4	3.7	3.8	4.2	4.4
All Providers of Service	**5,020**	**5,419**	**5,802**	**6,223**	**6,538**	**86.2**	**88.5**	**89.8**	**90.8**	**91.7**
Group Medical Services	62	53	45	36	35	1.1	0.9	0.7	0.5	0.5
Medical Services Inc.	192	168	136	130	111	3.3	2.7	2.1	1.9	1.6
Total Approved Health Agencies	**254**	**221**	**181**	**166**	**146**	**4.4**	**3.6**	**2.8**	**2.4**	**2.1**
Beneficiaries	**549**	**481**	**476**	**466**	**445**	**9.4**	**7.9**	**7.4**	**6.8**	**6.2**
Total	**5,823**	**6,121**	**6,459**	**6,855**	**7,129**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[1] Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1983-84 amounted to 2.1% of which 1.4% were from practitioners and 0.7% were from beneficiaries.

[2] Effective April 1, 1981 the previous system of grant payments by the Medical Care Insurance Commission to the Swift Current Health Region for insured medical services was discontinued. A new agreement between the two parties provides for the Medical Care Insurance Commission to process accounts as for the rest of the province. Physician services to the beneficiaries of the Region beginning with 1981-82 are included in the insured service data for those years.

Table 6
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1983		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,283	8,195	15,445	13,345	264,032	224,023
1 - 4	35,527	33,361	8,458	7,666	133,557	116,924
5 - 14	82,009	78,637	4,919	4,980	75,826	74,447
15 - 24	96,562	92,509	4,949	12,588	77,787	166,666
25 - 44	139,947	133,773	5,871	13,460	91,597	189,155
45 - 64	91,488	92,229	9,596	12,181	155,028	176,563
65 - 69	19,364	21,068	14,093	15,486	225,577	222,632
70 and over	36,682	44,862	21,708	23,507	300,751	295,259
All Beneficiaries	**509,862**	**504,634**	**7,999**	**12,338**	**123,688**	**171,477**
B. Optometrists						
Under 1	8,283	8,195	2	2	45	43
1 - 4	35,527	33,361	41	42	1,103	1,124
5 - 14	82,009	78,637	182	228	4,876	6,121
15 - 24	96,562	92,509	161	261	4,298	6,982
25 - 44	139,947	133,773	144	232	3,869	6,216
45 - 64	91,488	92,229	211	257	5,667	6,893
65 - 69	19,364	21,068	205	248	5,507	6,632
70 and over	36,682	44,862	192	219	5,139	5,859
All Beneficiaries	**509,862**	**504,634**	**162**	**224**	**4,334**	**6,014**
C. Chiropractors						
Under 1	8,283	8,195	19	8	181	75
1 - 4	35,527	33,361	32	32	310	305
5 - 14	82,009	78,637	107	110	1,039	1,068
15 - 24	96,562	92,509	405	535	4,029	5,259
25 - 44	139,947	133,773	805	1,030	7,951	10,102
45 - 64	91,488	92,229	1,042	1,263	10,240	12,369
65 - 69	19,364	21,068	918	1,200	8,991	11,714
70 and over	36,682	44,862	606	735	5,943	7,184
All Beneficiaries	**509,862**	**504,634**	**583**	**737**	**5,744**	**7,218**

Table 7
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1982-83 Number of Beneficiaries	1982-83 % of Beneficiaries	1982-83 % of Payments	1982-83 % of Services	1983-84 Number of Beneficiaries	1983-84 % of Beneficiaries	1983-84 % of Payments	1983-84 % of Services
A. Physicians Only								
$ 0.00[1]	150,493	15.0	—	—	147,869	14.6	—	—
$ 0.01 - $ 10.00	2,716	0.3	<0.1	<0.1	2,051	0.2	<0.1	<0.1
$ 10.01 - $ 25.00	118,226	11.8	1.3	1.4	101,883	10.0	1.0	1.2
$ 25.01 - $ 50.00	160,928	16.1	4.2	4.8	165,119	16.3	3.9	4.5
$ 50.01 - $ 100.00	196,096	19.6	10.3	11.7	199,831	19.7	9.6	11.1
$100.01 - $ 200.00	174,936	17.5	18.1	20.2	183,389	18.1	17.4	19.6
$200.01 - $ 500.00	142,745	14.3	32.1	33.1	152,236	15.0	31.6	32.7
$500.01 - $1,000.00	42,900	4.3	21.0	18.7	47,974	4.7	21.7	19.4
Over $1,000.00	11,627	1.1	13.0	10.1	14,144	1.4	14.7	11.5
Total	**1,000,667**	**100.0**	**100.0**	**100.0**	**1,014,496**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	825,132	82.5	—	—	822,817	81.1	—	—
$ 0.01 - $ 25.00	135,627	13.5	74.7	75.8	3,573	0.3	1.6	1.9
$ 25.01 - $ 50.00	38,508	3.9	23.6	22.6	184,344	18.2	94.5	94.2
Over $50.00	1,400	0.1	1.7	1.6	3,762	0.4	3.9	3.9
Total	**1,000,667**	**100.0**	**100.0**	**100.0**	**1,014,496**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	908,349	90.8	—	—	916,429	90.4	—	—
$ 0.01 - $ 10.00	17,582	1.8	2.8	2.9	18,487	1.8	2.7	2.8
$ 10.01 - $ 25.00	13,857	1.4	4.4	4.6	14,207	1.4	4.1	4.2
$ 25.01 - $ 50.00	24,613	2.5	15.0	15.1	26,427	2.6	14.8	14.9
$ 50.01 - $ 100.00	20,516	2.0	25.9	25.7	19,575	1.9	21.9	21.7
$100.01 - $ 200.00	11,330	1.1	27.9	27.6	13,357	1.3	28.0	27.8
Over $200.00	4,420	0.4	24.0	24.1	6,014	0.6	28.5	28.6
Total	**1,000,667**	**100.0**	**100.0**	**100.0**	**1,014,496**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

Table 8
Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	8,283	11,153	100.00	15.45	264.03	11.47	196.09	17.09
	F	8,195	10,786	100.00	13.35	224.02	10.14	170.21	16.79
	T	**16,478**	**21,939**	**100.00**	**14.40**	**244.13**	**10.82**	**183.36**	**16.95**
1 - 4	M	35,527	33,903	95.43	8.46	133.56	8.86	139.95	15.79
	F	33,361	31,785	95.28	7.67	116.92	8.05	122.72	15.25
	T	**68,888**	**65,688**	**95.35**	**8.07**	**125.50**	**8.47**	**131.62**	**15.54**
5 - 9	M	41,068	34,225	83.34	5.29	83.16	6.34	99.79	15.73
	F	39,584	32,843	82.97	5.12	77.84	6.17	93.82	15.20
	T	**80,652**	**67,068**	**83.16**	**5.21**	**80.55**	**6.26**	**96.86**	**15.47**
10 - 14	M	40,941	30,891	75.45	4.55	68.47	6.03	90.74	15.05
	F	39,053	30,471	78.02	4.84	71.01	6.20	91.01	14.68
	T	**79,994**	**61,362**	**76.71**	**4.69**	**69.71**	**6.11**	**90.87**	**14.86**
15 - 19	M	45,817	35,560	77.61	4.70	74.27	6.06	95.69	15.79
	F	43,827	41,638	95.01	9.38	128.09	9.87	134.82	13.65
	T	**89,644**	**77,198**	**86.12**	**6.99**	**100.58**	**8.12**	**116.80**	**14.39**
20 - 24	M	50,745	37,646	74.19	5.17	80.96	6.97	109.13	15.66
	F	48,682	48,474	99.57	15.48	201.40	15.54	202.26	13.01
	T	**99,427**	**86,120**	**86.62**	**10.22**	**139.93**	**11.79**	**161.55**	**13.70**
25 - 29	M	47,093	34,320	72.88	5.25	82.62	7.20	113.37	15.74
	F	45,014	43,597	96.85	15.99	216.86	16.51	223.91	13.57
	T	**92,107**	**77,917**	**84.59**	**10.50**	**148.22**	**12.41**	**175.22**	**14.12**
30 - 34	M	38,281	28,480	74.40	5.73	89.28	7.70	120.00	15.59
	F	36,067	33,736	93.54	13.52	191.01	14.45	204.21	14.13
	T	**74,348**	**62,216**	**83.68**	**9.51**	**138.63**	**11.36**	**165.66**	**14.58**
35 - 39	M	30,278	22,439	74.11	6.18	95.63	8.34	129.04	15.46
	F	28,942	25,943	89.64	11.50	167.59	12.83	186.96	14.57
	T	**59,220**	**48,382**	**81.70**	**8.78**	**130.80**	**10.75**	**160.10**	**14.89**
40 - 44	M	24,295	17,800	73.27	6.91	107.63	9.44	146.90	15.57
	F	23,750	20,473	86.20	10.97	160.10	12.72	185.73	14.60
	T	**48,045**	**38,273**	**79.66**	**8.92**	**133.57**	**11.20**	**167.67**	**14.98**
45 - 49	M	22,626	16,506	72.95	7.62	119.10	10.44	163.26	15.64
	F	22,193	18,849	84.93	11.35	166.31	13.36	195.81	14.66
	T	**44,819**	**35,355**	**78.88**	**9.46**	**142.48**	**12.00**	**180.62**	**15.06**
50 - 54	M	23,630	17,344	73.40	8.58	138.53	11.69	188.74	16.14
	F	22,959	19,612	85.42	11.87	172.90	13.90	202.41	14.56
	T	**46,589**	**36,956**	**79.32**	**10.20**	**155.47**	**12.86**	**195.99**	**15.23**
55 - 59	M	23,295	17,935	76.99	10.18	165.79	13.22	215.34	16.29
	F	23,947	20,284	84.70	12.34	177.43	14.57	209.48	14.38
	T	**47,242**	**38,219**	**80.90**	**11.27**	**171.69**	**13.94**	**212.23**	**15.23**
60 - 64	M	21,937	17,687	80.63	12.11	198.42	15.02	246.10	16.39
	F	23,130	19,972	86.35	13.12	189.13	15.20	219.04	14.41
	T	**45,067**	**37,659**	**83.56**	**12.63**	**193.65**	**15.11**	**231.75**	**15.33**
65 - 69	M	19,364	16,187	83.59	14.09	225.58	16.86	269.85	16.01
	F	21,068	18,693	88.73	15.49	222.63	17.45	250.92	14.38
	T	**40,432**	**34,880**	**86.27**	**14.82**	**224.04**	**17.18**	**259.70**	**15.12**
70 - 74	M	15,117	13,404	88.67	17.14	264.62	19.33	298.44	15.44
	F	16,905	15,673	92.71	18.60	255.71	20.06	275.81	13.75
	T	**32,022**	**29,077**	**90.80**	**17.91**	**259.92**	**19.72**	**286.24**	**14.51**
75 and over	M	21,565	20,744	96.19	24.91	326.08	25.90	338.98	13.09
	F	27,957	27,629	98.83	26.47	319.17	26.79	322.96	12.06
	T	**49,522**	**48,373**	**97.68**	**25.79**	**322.18**	**26.41**	**329.83**	**12.49**
Total all ages	**M**	**509,862**	**406,224**	**79.67**	**8.00**	**123.69**	**10.04**	**155.24**	**15.46**
	F	**504,634**	**460,458**	**91.25**	**12.34**	**171.48**	**13.52**	**187.93**	**13.90**
	T	**1,014,496**	**866,682**	**85.43**	**10.16**	**147.46**	**11.89**	**172.61**	**14.52**

[1] As at June 30, 1983.

[2] Population treated at any time during the fiscal year.

Table 9
Services by Type of Service

Type of Service[1]	Number of Services (000's) 1982-83	Number of Services (000's) 1983-84	Number of Services Per 1,000 Beneficiaries 1982-83	Number of Services Per 1,000 Beneficiaries 1983-84	Per Cent Change 1982-83 to 1983-84
Complete Assessments	451.2	441.1	451	435	−3.55
Partial Assessments	3,545.9	3,710.6	3,544	3,658	3.22
Minor Assessments	136.3	133.8	136	132	−2.94
Special Calls and Emergency Visits	439.5	441.9	439	436	−0.68
Hospital Care	1,170.1	1,132.8	1,169	1,116	−4.53
Psychotherapy	232.3	217.6	232	214	−7.76
	5,975.3	**6,077.8**	**5,971**	**5,991**	**0.33**
Consultations	**269.1**	**284.3**	**269**	**280**	**4.09**
Laboratory Services	2,441.3	2,471.9	2,440	2,437	−0.12
Diagnostic Radiology	182.2	187.4	182	185	1.65
Other Diagnostic Procedures	482.0	529.0	482	521	8.09
	3,105.5	**3,188.3**	**3,104**	**3,143**	**1.26**
Major Surgery	80.3	84.3	80	83	3.75
Minor Surgery	112.8	123.2	113	121	7.08
Obstetrics	20.5	20.2	20	20	—
Anaesthesia	178.6	187.6	179	185	3.35
Surgical Assistance	52.4	51.5	52	51	−1.92
	444.6	**466.8**	**444**	**460**	**3.60**
Major Therapeutic Procedures	54.1	54.5	54	54	—
Minor Therapeutic Procedures	191.3	211.9	191	209	9.42
	245.4	**266.4**	**245**	**263**	**7.35**
Refractions by Physicians	**38.9**	**38.1**	**39**	**37**	**−5.13**
All Physician Services	**10,078.8**	**10,321.7**	**10,072**	**10,174**	**1.01**
Refractions by Optometrists	**178.9**	**195.6**	**179**	**193**	**7.82**
Chiropractic Visit Services	608.0	659.4	608	650	6.91
Chiropractic X-Ray Services	10.1	9.6	10	10	—
All Chiropractor Services	**618.1**	**669.0**	**618**	**660**	**6.80**
All Services	**10,875.8**	**11,186.3**	**10,869**	**11,027**	**1.45**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 10
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1982-83	Dollar Payments (000's) 1983-84	Dollar Payments Per 1,000 Beneficiaries 1982-83	Dollar Payments Per 1,000 Beneficiaries 1983-84	Per Cent Change 1982-83 to 1983-84
Complete Assessments	12,354	13,137	12,346	12,949	4.88
Partial Assessments	47,294	50,466	47,263	49,745	5.25
Minor Assessments	1,772	1,775	1,770	1,750	−1.13
Special Calls and Emergency Visits	6,515	7,357	6,510	7,252	11.40
Hospital Care	7,642	8,268	7,637	8,150	6.72
Psychotherapy	3,339	3,416	3,337	3,367	0.90
	78,916	**84,419**	**78,863**	**83,213**	**5.52**
Consultations	**11,605**	**12,547**	**11,597**	**12,368**	**6.65**
Laboratory Services	8,774	9,537	8,768	9,401	7.22
Diagnostic Radiology	4,806	5,229	4,803	5,154	7.31
Other Diagnostic Procedures	6,022	7,713	6,018	7,603	26.34
	19,602	**22,479**	**19,589**	**22,158**	**13.11**
Major Surgery	13,521	14,745	13,512	14,534	7.56
Minor Surgery	2,260	2,448	2,258	2,413	6.86
Obstetrics	2,512	2,763	2,510	2,724	8.53
Anaesthesia	5,753	6,349	5,750	6,258	8.83
Surgical Assistance	1,372	1,483	1,371	1,462	6.64
	25,418	**27,788**	**25,401**	**27,391**	**7.83**
Major Therapeutic Procedures	1,140	1,227	1,139	1,209	6.15
Minor Therapeutic Procedures	1,001	1,163	1,000	1,146	14.60
	2,141	**2,390**	**2,139**	**2,355**	**10.10**
Refractions by Physicians	**809**	**891**	**809**	**878**	**8.53**
All Physician Services	**138,491**	**150,514**	**138,398**	**148,363**	**7.20**
Refractions by Optometrists	**4,529**	**5,244**	**4,526**	**5,170**	**14.23**
Chiropractic Visit Services	5,374	6,323	5,371	6,233	16.05
Chiropractic X-Ray Services	250	248	250	244	−2.40
All Chiropractor Services	**5,624**	**6,571**	**5,621**	**6,477**	**15.23**
All Services	**148,644**	**162,329**	**148,545**	**160,010**	**7.72**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 11
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1982-83 Family Practitioners ($)	1982-83 Specialists ($)	1982-83 All Practitioners ($)	1983-84 Family Practitioners ($)	1983-84 Specialists ($)	1983-84 All Practitioners ($)
Complete Assessments	25.50	39.93	27.38	28.07	40.78	29.78
Partial Assessments	12.91	20.04	13.34	13.20	20.52	13.60
Minor Assessments	—	12.99	12.99	—	13.27	13.27
Special Calls and Emergency Visits	14.50	18.11	14.82	16.27	20.19	16.65
Hospital Care	6.07	8.07	6.53	6.71	9.20	7.30
Psychotherapy	11.32	22.17	14.37	12.15	24.41	15.70
	12.74	**16.29**	**13.21**	**13.41**	**17.18**	**13.89**
Consultations	**30.17**	**44.78**	**43.13**	**31.10**	**45.93**	**44.14**
Laboratory Services	2.99	4.23	3.59	3.17	4.62	3.86
Diagnostic Radiology	—	26.37	26.37	21.47	27.91	27.90
Other Diagnostic Procedures	8.18	15.08	12.49	8.83	18.01	14.58
	3.64	**8.61**	**6.31**	**3.92**	**9.85**	**7.05**
Major Surgery	103.98	185.59	168.40	98.35	196.45	174.92
Minor Surgery	18.68	27.53	20.04	18.44	28.49	19.87
Obstetrics	112.96	141.82	122.48	124.48	162.67	136.83
Anaesthesia	30.23	33.57	32.21	32.16	34.88	33.84
Surgical Assistance	26.31	25.51	26.18	28.40	31.17	28.78
	34.78	**84.19**	**57.17**	**35.58**	**88.09**	**59.52**
Major Therapeutic Procedures	21.11	21.04	21.05	19.96	23.04	22.52
Minor Therapeutic Procedures	4.80	7.18	5.23	5.11	7.96	5.49
	5.54	**15.15**	**8.72**	**5.82**	**17.29**	**8.97**
Refractions by Physicians	**18.50**	**22.19**	**20.79**	**21.07**	**24.46**	**23.39**
All Physician Services	**11.57**	**18.87**	**13.74**	**12.12**	**20.54**	**14.58**
Refractions by Optometrists	**—**	**—**	**25.31**	**—**	**—**	**26.81**
Chiropractic Visit Services	—	—	8.84	—	—	9.59
Chiropractic X-Ray Services	—	—	24.77	—	—	25.70
All Chiropractor Services	**—**	**—**	**9.10**	**—**	**—**	**9.82**
All Services	**11.57**	**18.87**	**13.67**	**12.12**	**20.54**	**14.51**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 12
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1982-83	1983-84	1982-83	1983-84
Complete Assessments	4.15	3.94	8.31	8.09
Partial Assessments	32.60	33.17	31.82	31.09
Minor Assessments	1.25	1.20	1.19	1.09
Special Calls and Emergency Visits	4.04	3.95	4.38	4.53
Hospital Care	10.76	10.13	5.14	5.09
Psychotherapy	2.14	1.94	2.25	2.11
	54.94	**54.33**	**53.09**	**52.00**
Consultations	**2.47**	**2.54**	**7.81**	**7.73**
Laboratory Services	22.45	22.10	5.91	5.88
Diagnostic Radiology	1.67	1.67	3.23	3.22
Other Diagnostic Procedures	4.43	4.73	4.05	4.75
	28.55	**28.50**	**13.19**	**13.85**
Major Surgery	0.74	0.76	9.10	9.08
Minor Surgery	1.04	1.10	1.52	1.51
Obstetrics	0.19	0.18	1.69	1.70
Anaesthesia	1.64	1.68	3.87	3.91
Surgical Assistance	0.48	0.46	0.92	0.92
	4.09	**4.18**	**17.10**	**17.12**
Major Therapeutic Procedures	0.50	0.49	0.77	0.76
Minor Therapeutic Procedures	1.76	1.89	0.67	0.71
	2.26	**2.38**	**1.44**	**1.47**
Refractions by Physicians	**0.36**	**0.34**	**0.54**	**0.55**
All Physician Services	**92.67**	**92.27**	**93.17**	**92.72**
Refractions by Optometrists	**1.65**	**1.75**	**3.05**	**3.23**
Chiropractic Visit Services	5.59	5.89	3.61	3.90
Chiropractic X-Ray Services	0.09	0.09	0.17	0.15
All Chiropractor Services	**5.68**	**5.98**	**3.78**	**4.05**
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Introductory Notes", page 18, describe inclusions in these classifications.

Table 13
Resident Physician Services by Type of Service and Type of Practitioner

Type of Service (000's) \ Type of Practitioner	Family Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	33.6	20.7	48.6	12.7	4.3	5.5	32.2	3.7
Special Eye Examination	12.0	–	–	–	–	–	–	–
Complete Examination	372.3	27.0	26.7	2.0	7.1	0.4	18.3	1.2
Partial Examination	3,405.8	55.2	37.9	3.7	7.0	4.0	32.8	1.4
Well Baby Care	38.2	2.9	–	–	–	–	–	–
Other Office Visits	0.5	1.4	–	–	–	–	–	–
Hospital								
Newborn, Premature	14.3	8.2	–	–	–	–	–	–
Other	841.3	39.0	137.5	10.1	17.7	1.2	34.1	2.4
Special Calls and Emergency	384.9	8.2	8.1	0.7	0.9	0.1	6.0	0.3
Psychotherapy								
Base Time[1]	82.2	0.1	–	–	44.0	–	0.1	–
Additional Time	70.7	0.1	–	–	21.6	–	0.1	–
Major Surgery	10.8	0.1	0.4	–	–	–	14.0	4.2
Minor Surgery	114.1	1.4	0.1	–	–	2.2	3.6	0.1
Surgical Assistance								
Base Time[1]	17.9	–	–	–	–	–	1.2	0.1
Additional Time	25.5	–	–	–	–	–	1.7	0.5
Obstetrics	13.4	–	–	–	–	–	0.1	–
Anaesthesia								
Base Time[1]	32.8	–	–	–	–	–	–	–
Additional Time	37.1	–	–	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	1,168.0	12.0	20.5	–	–	1.0	16.0	0.1
Laboratory Tracings	29.1	–	0.8	–	–	–	0.7	–
Diagnostic Ultrasound	–	0.6	3.3	–	–	–	–	–
Other Diagnostic and Therapeutic Services	340.4	48.4	130.4	8.3	3.5	5.3	12.1	2.2
Special Diagnostic and Therapeutic Services	134.8	–	0.5	–	–	–	0.5	–
Miscellaneous Services	8.3	1.9	0.5	–	–	–	0.2	–
Total Services	**7,188.0**	**227.2**	**415.3**	**37.5**	**106.1**	**19.7**	**176.7**	**16.2**

[1] Represents the number of instances these types of services were provided during the year.

Note: Services are grouped using a common national grouping.

Table 13 (Continued)

Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Urological Surgeons	Obstetricians and Gynaecologists	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists	Diagnostic Radiologists	Total Services
33.3	5.5	3.7	9.7	27.6	17.3	16.6	1.1	–	–	276.1
–	–	–	–	–	25.1	–	–	–	–	37.1
7.4	1.4	1.1	2.1	16.4	15.7	10.7	–	–	–	509.8
12.5	1.8	1.6	4.7	32.0	31.8	10.8	–	–	–	3,643.0
–	–	–	–	–	–	–	–	–	–	41.1
–	–	–	–	0.1	–	–	–	–	–	2.0
–	–	–	–	–	–	–	–	–	–	22.5
9.1	0.8	6.4	2.6	6.4	1.1	0.9	14.1	–	–	1,124.7
2.4	0.3	0.6	0.2	6.3	0.8	0.4	2.1	–	–	422.3
–	–	–	–	0.1	–	–	–	–	–	126.5
–	–	–	–	0.1	–	–	–	–	–	92.6
10.7	3.0	1.4	3.1	5.4	4.6	2.8	–	–	–	60.5
0.9	2.8	–	0.4	0.7	0.8	4.4	–	–	–	134.5
0.2	–	0.1	0.1	0.3	0.2	–	–	–	–	20.1
0.5	–	1.0	0.3	0.2	0.2	–	–	–	–	29.9
–	–	–	–	6.5	–	–	–	–	–	20.0
0.3	–	0.1	–	–	–	–	38.4	–	–	71.6
0.2	–	–	–	–	–	–	72.6	–	–	109.9
–	–	–	–	–	–	–	–	–	179.5	179.5
0.5	–	–	7.2	54.8	–	–	–	1,011.4	–	2,291.5
0.1	–	–	–	0.4	–	–	–	–	–	31.1
–	–	–	–	1.0	0.8	–	–	–	21.3	27.0
3.6	0.4	0.1	8.6	11.3	41.6	48.7	3.2	1.2	4.2	673.5
–	–	–	–	18.3	–	–	–	–	0.9	155.0
–	–	0.2	–	0.1	–	–	0.5	–	–	11.7
81.7	**16.0**	**16.3**	**39.0**	**188.0**	**140.0**	**95.3**	**132.0**	**1,012.6**	**205.9**	**10,113.5**

Table 14
Patients, Services and Payments for Selected Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1982-83 to 1983-84
		Patients	Payments	Services	
Allergy Investigation and Hyposensitization Injections	216,090	16.91	967.05	213.00	6.50
Electrocardiograms, Vectorcardiograms and Echocardiograms	214,411	108.75	2,055.39	211.35	2.86
Submission of Papanicolau Smear	151,153	261.38[f]	904.90[f]	299.53[f]	0.31
Suturing of Wounds	39,780	31.38	1,035.07	39.21	0.54
Delivery — Vaginal	14,987	29.35[f]	3,855.57[f]	29.70[f]	−4.65
— Caesarian	2,637	5.23[f]	1,227.54[f]	5.23[f]	1.55
Removal of Warts, Moles, Scars, Keratoses, Papilloma	15,111	11.86	244.33	14.90	28.45
Cysts, Tumors or Granulomata Excision	11,817	9.65	391.79	11.65	−4.82
Sigmoidoscopy	10,274	8.78	232.51	10.13	−1.17
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	9,531	6.44	108.37	9.39	13.41
Plantar Wart Excision or Fulguration	8,589	5.65	203.13	8.47	61.03
Dilatation and Curettage	8,001	15.38[f]	916.76[f]	15.86[f]	1.80
Artificial Extra Corporeal Haemodialysis	7,582	0.20	204.31	7.47	4.04
Cystoscopy	6,855	6.28	329.68	6.76	−2.17
Fractures, Open Surgical or Closed Reduction	6,720	5.61	969.68	6.62	−2.50
Electroencephalograms or Echoencephalograms	5,841	5.24	142.96	5.76	−1.87
Tonsillectomy (With or Without Adenoidectomy)	3,786	3.71	303.10	3.73	−2.86
Tubal Ligation	3,490	6.90[f]	1,093.46[f]	6.92[f]	0.58
Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent	2,623	2.41	563.64	2.59	−1.89
Cardiac Catheterization	2,536	1.31	238.22	2.50	21.36
Psychological Testing	2,436	2.34	43.35	2.40	−12.41
Gall Bladder or Other Biliary Tract Surgery	2,203	2.10	718.04	2.17	−2.69
Cataract Extraction	1,979	1.84	724.92	1.95	14.04
Hysterectomy — Abdominal	1,170	2.31[f]	682.03[f]	2.32[f]	−2.52
— Vaginal	426	0.84[f]	283.99[f]	0.84[f]	−6.67
Vasectomy	1,578	3.08[m]	384.93[m]	3.09[m]	−2.83
Prostatectomy (With or Without Vasectomy)	1,385	2.69[m]	1,080.19[m]	2.72[m]	−9.93
Appendectomy	1,351	1.33	282.14	1.33	−9.52
Electroconvulsive Therapy	1,285	0.21	25.19	1.27	−1.55
Therapeutic Abortion	1,264	2.49[f]	196.57[f]	2.50[f]	−20.63
Genital Prolapse Repair	1,054	1.97[f]	520.62[f]	2.09[f]	−12.18
Septoplasty or Submucous Resection	929	0.91	196.72	0.92	−10.68
Arthroplasty — Total Hip Replacement	683	0.52	353.60	0.67	15.52
— Total Knee Replacement	166	0.14	73.23	0.16	33.33
Varicose Veins (Ligation)	595	0.44	85.76	0.59	13.46
Peptic Ulcer Surgery	424	0.41	176.34	0.42	−6.67
Strabismus Operation	407	0.36	78.43	0.40	−2.44
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	369	0.72[f]	141.12[f]	0.73[f]	−1.35
Spinal Disc Excision	284	0.27	145.32	0.28	−24.32

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Table 15
Patients, Services and Payments for Selected Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	525	171.9	6,041	518
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	458	224.3	6,042	451
Hypertension	401 - 405	307	68.9	3,738	303
Refractive Errors	367	250	226.0	6,240	247
Bronchitis	466, 490 & 491	213	98.2	2,688	210
Ischemic Heart Disease	410 - 414	211	27.4	3,690	208
Diseases of the Urinary Tract	580 - 599	210	58.7	2,861	207
Diabetes Mellitus	250	210	19.7	2,008	207
Otitis Media	381 & 382	194	74.1	2,777	192
Neuroses	300	184	56.3	2,714	181
Arthritis	710 - 716	163	49.5	2,451	161
Rheumatic Disease	725 - 729	124	67.5	2,100	122
Diarrheal Disease	009	113	41.8	1,529	111
Symptomatic Heart Disease	428 & 429	110	17.8	1,163	108
Cerebrovascular Disease	430 - 438	107	8.4	1,011	105
Disorders of Menstruation	Z08* & 626	106	73.7[f]	2,864[f]	210[f]
Abdominal Swelling (Abdominal Pain)	Z07*	103	38.7	1,608	102
Eczema	690 - 692	100	59.4	1,345	98
Symptoms — Respiratory System	786	87	35.5	1,366	85
Pneumonia	480 - 486	84	16.3	953	83
Asthma	493	84	19.3	1,204	83
Hay Fever	477	74	17.9	849	73
Anaemias	280 - 285	72	15.5	715	71
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	72	56.5[f]	1,583[f]	142[f]
Influenza	487	57	32.6	724	56
Obesity	278	57	20.8	689	56
Vertebrogenic Pain Syndrome	724	54	25.9	804	53
Chronic Sinusitis	473	45	26.2	592	45
Gastritis and Duodenitis	535	44	21.0	582	44
Cellulitis and Abscess	681 & 682	39	20.1	513	38
Symptoms — Cardiovascular and Lymphatic System	289, 683 & 785	34	16.4	576	33
Alcoholic Psychosis and Alcoholism	291 & 303	29	5.1	371	28
Symptoms — Genitourinary System	788	29	10.7	470	28
Menopausal Symptoms	627	27	20.7[f]	726[f]	54[f]
Nervousness and Debility	799	23	4.4	298	23
Myxedema	244	20	6.9	248	20
Disorders of Functions of Stomach	536	19	10.8	254	19
Ulcer of Duodenum	532	19	6.7	338	19
Cholecystitis and Cholangitis Without Mention of Calculus	575 & 576	17	4.8	469	17
Varicose Veins of Lower Extremity	454	17	4.5	296	16
Hypertrophy of Tonsils and Adenoids	474	16	6.6	551	15
Epilepsy	345	15	3.7	216	15

[1] Ninth Revision International Classification of Diseases, 1977.

Note: M.C.I.C. records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* M.C.I.C. internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Table 16
Turnover of Physicians

	Family Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1979-80[1]	601		339		940	
		11.3		7.4		9.9
Still Practising in 1980-81[2]	533		314		847	
Practising in 1980-81[1]	614		341		955	
		10.7		7.6		9.6
Still Practising in 1981-82[2]	548		315		863	
Practising in 1981-82[1]	666		348		1,014	
		8.0		6.0		7.3
Still Practising in 1982-83[2]	613		327		940	
Practising in 1982-83[1]	692		354		1,046	
		9.1		9.3		9.2
Still Practising in 1983-84[2]	629		321		950	
Practising in 1983-84[1]	696		352		1,048	

[1] Physicians receiving $7,500 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians receiving $7,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1983-84 was 98, the difference between "Practising" (1,048) and "Still Practising" (950).

Table 17
Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84	1982-83	1983-84
Family Practitioners[4]	**680**	**686**	**1.5**	**1.5**	**2.1**	**2.2**	**7.1**	**7.1**	**80.2**	**81.1**
Specialists[4]										
Paediatricians and Medical Geneticists	32	35	31.3	29.0	1.5	1.5	4.4	4.4	4.3	4.6
Internists and Physiatrists	60	60	16.7	16.9	1.6	1.6	4.3	4.3	7.7	7.8
Neurologists	8	10	125.1	101.4	1.9	1.7	3.1	2.9	1.4	1.5
Psychiatrists	18	22	55.6	46.1	0.6	0.5	4.0	3.5	1.0	1.1
Dermatologists	4	4	250.2	253.6	1.4	1.4	3.8	3.9	0.5	0.6
Anaesthetists	37	35	27.0	29.0	1.0	1.1	1.5	1.6	3.4	3.5
General Surgeons	56	54	17.9	18.8	1.1	1.0	2.9	2.5	5.8	5.3
Thoracic Surgeons	7	9	143.0	112.7	0.6	0.8	1.2	1.4	0.4	0.6
Orthopaedic Surgeons	24	23	41.7	44.1	1.5	1.6	3.0	3.3	3.4	3.5
Plastic and Reconstructive Surgeons	6	6	166.8	169.1	1.3	1.4	2.3	2.5	0.7	0.8
Neurological Surgeons	6	6	166.8	169.1	0.7	0.8	2.1	2.4	0.5	0.5
Obstetricians and Gynaecologists	27	27	37.1	37.6	1.6	1.5	3.8	3.7	3.9	3.8
Urological Surgeons	12	12	83.4	84.5	1.3	1.3	2.2	2.2	1.3	1.3
Ophthalmologists	22	20	45.5	50.7	2.9	3.0	4.4	4.8	6.2	5.9
Otolaryngologists	7	8	143.0	126.8	3.2	3.1	6.2	5.8	2.6	2.4
Pathologists	4	5	250.2	202.9	32.5	30.2	–	–	12.7	14.2
Diagnostic Radiologists	26	26	38.5	39.0	4.8	5.2	–	–	10.6	11.2
All Specialists[4]	**356**	**362**	**2.8**	**2.8**	**2.0**	**2.1**	**3.4**	**3.3**	**37.6**	**38.5**
All Physicians[4]	**1,036**	**1,048**	**1.0**	**1.0**	**2.1**	**2.2**	**5.9**	**5.9**	**83.8**	**84.3**
Registered Physicians[5]	**1,361**	**1,369**	**0.7**	**0.7**	–	–	–	–	–	–
Optometrists[4]	**70**	**76**	**14.3**	**13.3**	**2.3**	**2.4**	**2.3**	**2.4**	**17.1**	**16.5**
Registered Optometrists[5]	**91**	**92**	**11.0**	**11.0**	–	–	–	–	–	–
Chiropractors[4]	**72**	**79**	**13.9**	**12.8**	**1.4**	**1.4**	**7.9**	**7.9**	**9.0**	**9.4**
Registered Chiropractors[5]	**88**	**91**	**11.4**	**11.1**	–	–	–	–	–	–

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

[4] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[5] Resident Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Optometric Association at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 18
Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3]							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
Family Practitioners									
Urban:	413	4	33	54	86	91	64	34	47
Association	295	1	17	33	54	80	48	27	35
Solo	118	3	16	21	32	11	16	7	12
Rural:	273	1	20	51	62	63	41	24	11
Association	161	–	5	18	33	44	32	19	10
Solo	112	1	15	33	29	19	9	5	1
All Family Practitioners 1983-84	**686**	**5**	**53**	**105**	**148**	**154**	**105**	**58**	**58**
All Family Practitioners 1982-83	680	7	49	115	149	156	113	48	43
Specialists									
Paediatricians and Medical Geneticists	35	2	12	6	6	4	2	1	2
Internists and Physiatrists	60	8	17	9	5	12	4	–	5
Neurologists	10	2	4	1	–	1	–	–	2
Psychiatrists	22	13	5	3	1	–	–	–	–
Dermatologists	4	–	1	1	1	1	–	–	–
Anaesthetists	35	3	12	15	5	–	–	–	–
General Surgeons	54	8	18	21	6	1	–	–	–
Thoracic Surgeons	9	3	4	2	–	–	–	–	–
Orthopaedic Surgeons	23	1	4	5	7	4	1	1	–
Plastic and Reconstructive Surgeons	6	–	–	4	1	1	–	–	–
Neurological Surgeons	6	2	2	2	–	–	–	–	–
Obstetricians and Gynaecologists	27	2	5	4	9	5	2	–	–
Urological Surgeons	12	2	1	6	2	1	–	–	–
Ophthalmologists	20	–	–	–	6	1	1	3	9
Otolaryngologists	8	–	–	2	1	1	–	2	2
Pathologists	5	–	–	–	–	–	–	–	5
Diagnostic Radiologists	26	–	–	1	2	1	–	2	20
All Specialists 1983-84	**362**	**46**	**85**	**82**	**52**	**33**	**10**	**9**	**45**
All Specialists 1982-83	356	45	86	87	40	36	9	8	45
All Physicians 1983-84	**1,048**	**51**	**138**	**187**	**200**	**187**	**115**	**67**	**103**
All Physicians 1982-83	1,036	52	135	202	189	192	122	56	88
Optometrists 1983-84	**76**	**–**	**–**	**13**	**22**	**21**	**8**	**5**	**7**
Optometrists 1982-83	70	–	–	11	27	12	11	3	6
Chiropractors 1983-84	**79**	**1**	**24**	**26**	**15**	**7**	**3**	**2**	**1**
Chiropractors 1982-83	72	3	19	23	17	4	3	2	1

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 19
Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
Family Practitioners								
Urban:	413	17	74	113	101	52	37	19
Association	295	11	52	84	83	29	27	9
Solo	118	6	22	29	18	23	10	10
Rural:	273	2	35	44	54	64	32	42
Association	161	1	27	23	35	39	18	18
Solo	112	1	8	21	19	25	14	24
All Family Practitioners 1983-84	**686**	**19**	**109**	**157**	**155**	**116**	**69**	**61**
All Family Practitioners 1982-83	680	30	106	146	160	106	77	55
Specialists								
Paediatricians and Medical Geneticists	35	8	12	6	6	1	1	1
Internists and Physiatrists	60	14	18	12	9	6	–	1
Neurologists	10	5	3	–	1	1	–	–
Psychiatrists	22	7	8	3	1	3	–	–
Dermatologists	4	–	2	2	–	–	–	–
Anaesthetists	35	26	9	–	–	–	–	–
General Surgeons	54	18	28	7	1	–	–	–
Thoracic Surgeons	9	7	2	–	–	–	–	–
Orthopaedic Surgeons	23	4	12	6	1	–	–	–
Plastic and Reconstructive Surgeons	6	3	3	–	–	–	–	–
Neurological Surgeons	6	3	2	1	–	–	–	–
Obstetricians and Gynaecologists	27	6	9	10	2	–	–	–
Urological Surgeons	12	5	7	–	–	–	–	–
Ophthalmologists	20	–	7	9	2	2	–	–
Otolaryngologists	8	1	1	3	1	1	1	–
All Specialists 1983-84	**331**	**107**	**123**	**59**	**24**	**14**	**2**	**2**
All Specialists 1982-83	326	113	114	56	28	11	1	3
All Physicians 1983-84	**1,017**	**126**	**232**	**216**	**179**	**130**	**71**	**63**
All Physicians 1982-83	1,006	143	220	202	188	117	78	58
Optometrists 1983-84	**76**	**35**	**37**	**2**	**1**	**1**	**–**	**–**
Optometrists 1982-83	70	37	30	1	2	–	–	–
Chiropractors 1983-84	**79**	**–**	**6**	**22**	**18**	**13**	**9**	**11**
Chiropractors 1982-83	72	–	5	19	18	11	9	10

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 20
Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
Family Practitioners									
Urban	413	151	52	11	123	10	57	9	–
Association	295	128	39	7	78	5	34	4	–
Solo	118	23	13	4	45	5	23	5	–
Rural	273	64	44	1	91	2	56	14	1
Association	161	60	30	–	33	–	31	7	–
Solo	112	4	14	1	58	2	25	7	1
All Family Practitioners 1983-84	**686**	**215**	**96**	**12**	**214**	**12**	**113**	**23**	**1**
All Family Practitioners 1982-83	680	201	92	13	227	15	107	24	1
Specialists									
Paediatricians and Medical Geneticists	35	3	9	2	7	–	12	2	–
Internists and Physiatrists	60	15	23	3	8	1	7	3	–
Neurologists	10	2	1	1	2	–	4	–	–
Psychiatrists	22	4	6	–	3	1	8	–	–
Dermatologists	4	–	3	–	1	–	–	–	–
Anaesthetists	35	14	5	–	11	2	3	–	–
General Surgeons	54	5	21	1	12	1	13	1	–
Thoracic Surgeons	9	2	1	2	2	–	2	–	–
Orthopaedic Surgeons	23	6	6	1	7	1	2	–	–
Plastic and Reconstructive Surgeons	6	1	2	–	1	1	1	–	–
Neurological Surgeons	6	1	1	–	1	–	2	1	–
Obstetricians and Gynaecologists	27	6	5	1	8	2	3	2	–
Urological Surgeons	12	2	9	–	–	–	1	–	–
Ophthalmologists	20	5	7	1	6	1	–	–	–
Otolaryngologists	8	4	1	–	2	–	1	–	–
Pathologists	5	–	2	–	2	–	1	–	–
Diagnostic Radiologists	26	7	7	–	4	2	5	1	–
All Specialists 1983-84	**362**	**77**	**109**	**12**	**77**	**12**	**65**	**10**	**–**
All Specialists 1982-83	356	72	111	12	75	12	62	11	1
All Physicians 1983-84	**1,048**	**292**	**205**	**24**	**291**	**24**	**178**	**33**	**1**
All Physicians 1982-83	1,036	273	203	25	302	27	169	35	2
Optometrists 1983-84	**76**	**–**	**74**	**2**	**–**	**–**	**–**	**–**	**–**
Optometrists 1982-83	70	–	68	2	–	–	–	–	–
Chiropractors 1983-84	**79**	**–**	**74**	**5**	**–**	**–**	**–**	**–**	**–**
Chiropractors 1982-83	72	–	67	5	–	–	–	–	–

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 21
Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
Family Practitioners						
Urban:	413	120	118	87	71	17
Association	295	108	81	50	47	9
Solo	118	12	37	37	24	8
Rural:	273	50	86	87	42	8
Association	161	37	53	47	20	4
Solo	112	13	33	40	22	4
All Family Practitioners 1983-84	**686**	**170**	**204**	**174**	**113**	**25**
All Family Practitioners 1982-83	680	189	193	163	110	25
Specialists						
Paediatricians and Medical Geneticists	35	3	11	12	3	6
Internists and Physiatrists	60	2	29	19	7	3
Neurologists	10	1	2	6	1	–
Psychiatrists	22	2	8	9	2	1
Dermatologists	4	1	–	1	2	–
Anaesthetists	35	7	8	9	8	3
General Surgeons	54	–	11	24	14	5
Thoracic Surgeons	9	2	2	3	2	–
Orthopaedic Surgeons	23	2	10	4	5	2
Plastic and Reconstructive Surgeons	6	–	2	3	1	–
Neurological Surgeons	6	–	1	2	3	–
Obstetricians and Gynaecologists	27	2	10	8	7	–
Urological Surgeons	12	–	6	3	2	1
Ophthalmologists	20	1	7	4	5	3
Otolaryngologists	8	–	5	2	1	–
Pathologists	5	1	1	1	2	–
Diagnostic Radiologists	26	5	8	6	6	1
All Specialists 1983-84	**362**	**29**	**121**	**116**	**71**	**25**
All Specialists 1982-83	356	40	111	108	71	26
All Physicians 1983-84	**1,048**	**199**	**325**	**290**	**184**	**50**
All Physicians 1982-83	1,036	229	304	271	181	51
Optometrists 1983-84	**76**	**23**	**20**	**14**	**19**	**–**
Optometrists 1982-83	70	20	19	12	19	–
Chiropractors 1983-84	**79**	**33**	**18**	**13**	**13**	**2**
Chiropractors 1982-83	72	27	17	14	12	2

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22
Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		Family Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	134.6	1,048	111.5	295	126.3	161	128.9	118
Highest Paid	2,570.4		326.3		324.1		406.3	
Less than $ 30,000	11.7	128	11.6	30	15.6	7	11.7	34
$ 30,000 - $ 39,999	34.9	36	35.0	9	35.2	4	35.1	2
$ 40,000 - $ 59,999	50.4	111	50.8	34	50.8	15	50.6	14
$ 60,000 - $ 79,999	70.0	111	70.3	39	67.6	18	71.6	11
$ 80,000 - $ 99,999	90.0	129	90.5	45	90.2	19	89.9	20
$100,000 - $119,999	110.3	134	110.0	52	110.9	17	112.6	11
$120,000 - $139,999	129.9	147	130.5	47	131.6	31	128.3	14
$140,000 - $159,999	150.5	101	148.9	26	149.2	17	151.8	15
$160,000 - $179,999	169.5	77	170.8	14	167.8	16	166.9	12
$180,000 - $199,999	188.1	51	184.7	13	190.6	10	188.2	6
Over $200,000	285.3	151	219.2	16	243.7	14	261.5	13
Total	**121.2**	**1,176**	**102.2**	**325**	**121.7**	**168**	**102.7**	**152**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	126.1	10	113.4	22	85.7	4	119.3	35
Highest Paid	408.8		300.6		110.7		193.6	
Less than $ 30,000	—	—	8.1	6	—	—	22.4	2
$ 30,000 - $ 39,999	38.1	2	34.4	5	—	—	—	—
$ 40,000 - $ 59,999	46.9	4	49.6	4	—	—	49.9	1
$ 60,000 - $ 79,999	—	—	73.2	3	71.3	2	67.1	4
$ 80,000 - $ 99,999	—	—	—	—	89.5	1	92.0	4
$100,000 - $119,999	111.5	1	104.4	2	110.7	1	108.6	5
$120,000 - $139,999	122.5	1	—	—	—	—	129.5	12
$140,000 - $159,999	—	—	147.4	1	—	—	147.7	7
$160,000 - $179,999	—	—	175.1	1	—	—	163.2	1
$180,000 - $199,999	—	—	192.3	2	—	—	193.6	1
Over $200,000	381.8	2	247.2	4	—	—	—	—
Total	**126.1**	**10**	**90.8**	**28**	**85.7**	**4**	**114.0**	**37**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	178.0	27	140.7	12	165.1	20	239.6	8
Highest Paid	369.2		200.5		314.0		496.3	
Less than $ 30,000	16.8	1	—	—	3.4	2	—	—
$ 30,000 - $ 39,999	37.3	2	—	—	—	—	—	—
$ 40,000 - $ 59,999	54.8	3	45.6	2	55.4	1	—	—
$ 60,000 - $ 79,999	65.8	1	—	—	67.9	1	79.8	1
$ 80,000 - $ 99,999	—	—	—	—	91.4	1	—	—
$100,000 - $119,999	109.3	2	107.8	2	112.7	1	109.4	1
$120,000 - $139,999	139.9	1	—	—	127.9	4	122.5	1
$140,000 - $159,999	152.2	3	152.8	3	153.5	3	—	—
$160,000 - $179,999	169.7	1	170.4	2	175.9	1	—	—
$180,000 - $199,999	190.9	1	190.9	2	184.4	4	—	—
Over $200,000	255.9	13	200.5	1	272.2	4	321.0	5
Total	**172.3**	**28**	**140.7**	**12**	**150.4**	**22**	**239.6**	**8**

1 Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

2 Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

3 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

4 Practitioners receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Table 22 (Continued)

Type of Practitioner[3]									
		All Family Practitioners		All Specialists					
Rural Solo						Paediatricians and Medical Geneticists		Internists and Physiatrists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
132.9	112	121.5	686	159.4	362	115.0	35	141.8	60
319.3		406.3		2,570.4		370.5		449.2	
12.0	12	12.1	83	11.2	45	17.5	7	8.0	14
35.0	4	35.0	19	34.9	17	34.2	3	32.1	3
50.3	2	50.7	65	49.9	46	47.9	8	49.1	12
71.7	12	70.1	80	69.9	31	73.3	2	68.6	7
88.4	22	89.9	106	90.2	23	88.9	6	85.7	3
107.6	15	110.1	95	110.7	39	110.3	4	108.8	5
127.1	15	130.1	107	129.5	40	132.7	3	130.4	4
150.9	8	149.9	66	151.5	35	158.1	4	155.3	3
170.7	13	169.0	55	170.6	22	–	–	170.8	4
188.1	6	187.6	35	189.1	16	–	–	191.1	3
250.9	15	242.8	58	311.8	93	277.3	5	268.5	16
121.2	**124**	**109.6**	**769**	**143.0**	**407**	**98.7**	**42**	**116.5**	**74**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
122.4	54	185.7	9	175.2	23	166.8	6	135.2	6
306.5		301.8		454.5		221.6		287.0	
19.1	5	–	–	10.5	2	–	–	–	–
–	–	32.7	1	38.0	1	–	–	–	–
53.4	7	–	–	55.2	2	–	–	46.8	1
69.6	6	62.9	1	–	–	–	–	67.8	1
92.0	5	–	–	88.8	2	–	–	96.9	1
115.3	11	104.2	1	105.2	1	118.1	1	106.7	1
127.9	8	–	–	130.4	3	135.2	1	–	–
150.2	6	153.6	1	144.1	2	157.0	1	–	–
172.5	6	–	–	171.4	3	168.4	1	–	–
184.4	1	–	–	191.4	1	–	–	–	–
236.7	4	263.6	5	276.7	8	211.0	2	246.4	2
113.6	**59**	**185.7**	**9**	**162.0**	**25**	**166.8**	**6**	**135.2**	**6**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
962.4	5	240.4	26	63.6	76	78.5	79
2,570.4		656.4		231.2		166.0	
–	–	5.8	6	20.8	14	11.7	12
–	–	–	–	36.6	12	36.1	8
–	–	43.7	1	50.3	36	52.5	21
–	–	73.0	2	69.4	15	69.0	15
–	–	–	–	88.1	8	87.2	15
–	–	–	–	101.4	1	108.6	9
–	–	130.2	2	134.2	1	131.2	9
–	–	148.8	1	156.4	1	141.6	1
162.1	1	164.9	1	–	–	166.0	1
188.2	1	–	–	–	–	–	–
1,487.2	3	288.8	19	222.6	2	–	–
962.4	**5**	**196.4**	**32**	**56.9**	**90**	**69.7**	**91**

Table 23
Average Payment Per Practitioner by Specialty, 1978-79 to 1983-84

Type of Practitioner[1]	Average Payment[2] (000's) 1978-79	1979-80	1980-81	1981-82	1982-83	1983-84	Average Annual Per Cent Change 1978-79 to 1983-84
Family Practitioners							
Urban:	65.0	74.2	82.7	92.8	108.7	116.4	12.36
Association	63.2	72.4	78.6	88.9	105.9	111.5	12.02
Solo	69.7	79.2	93.9	102.5	115.1	128.9	13.08
Rural:	70.1	78.3	89.7	102.3	123.0	129.0	12.97
Association	70.8	79.2	90.3	103.2	122.8	126.3	12.27
Solo	68.5	76.3	88.6	100.7	123.2	132.9	14.17
All Family Practitioners	**67.4**	**76.1**	**85.9**	**96.9**	**114.5**	**121.5**	**12.51**
Specialists							
Paediatricians and Medical Geneticists	79.4	83.0	88.9	108.0	111.6	115.0	7.69
Internists and Physiatrists	80.4	83.9	97.0	115.6	131.7	141.8	12.02
Neurologists	84.4	78.7	96.1	114.5	136.2	126.1	8.36
Psychiatrists	83.3	89.1	97.6	108.2	127.0	113.4	6.36
Dermatologists	71.7	68.1	72.2	84.9	82.3	85.7	3.63
Anaesthetists	68.1	74.9	80.0	93.6	105.4	119.3	11.87
General Surgeons	66.9	78.3	87.6	99.5	118.7	122.4	12.84
Thoracic Surgeons	115.2	135.8	123.1	132.2	167.2	185.7	10.02
Orthopaedic Surgeons	100.2	107.1	117.4	128.9	154.9	175.2	11.82
Plastic and Reconstructive Surgeons	87.7	85.9	112.9	127.1	148.4	166.8	13.72
Neurological Surgeons	76.5	79.1	81.3	92.5	97.9	135.2	12.06
Obstetricians and Gynaecologists	88.8	103.0	118.5	139.7	170.2	178.0	14.92
Urological Surgeons	78.7	85.4	96.5	105.9	137.4	140.7	12.32
Ophthalmologists	91.9	106.1	116.9	128.6	136.0	165.1	12.43
Otolaryngologists	140.6	160.6	178.8	205.6	236.4	239.6	11.25
Pathologists	424.9	492.0	598.6	743.8	1,112.3	962.4	17.76
Diagnostic Radiologists	117.7	103.9	122.2	151.0	202.0	240.4	15.35
All Specialists	**89.3**	**95.9**	**108.1**	**125.7**	**148.0**	**159.4**	**12.29**
All Physicians	**75.4**	**83.3**	**94.0**	**107.1**	**126.0**	**134.6**	**12.29**
Optometrists	**41.5**	**44.2**	**47.3**	**50.8**	**57.7**	**63.6**	**8.91**
Chiropractors	**50.3**	**56.5**	**62.7**	**70.3**	**73.1**	**78.5**	**9.31**

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians, in 1978-79 to 1980-81, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan outside the Swift Current Health Region at the end of the year.

Chiropractors, Optometrists, and effective April 1, 1981 Physicians, receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

Represents gross payments by the Commission from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The Commission payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by M.C.I.C.

Table 24
Physician Payments by Specialty Group

	Family Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina[3]	146	117.5	40	190.2	58	170.8	30	236.2
Saskatoon[3]	149	104.9	73	92.1	73	154.0	34	222.9
Moose Jaw	27	117.1	5	133.6	9	138.8	1	*
Prince Albert	36	125.2	6	130.5	9	132.6	1	*
Yorkton	19	134.3	2	*	3	167.2	—	—
Swift Current	14	170.2	1	*	5	145.7	—	—
North Battleford	22	123.0	3	98.5	5	153.2	—	—
All Other Locations	273	129.0	1	*	3	84.1	—	—
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year								
≥ $30,000	618	123.3	120	131.9	163	155.8	65	231.4
≥ $40,000	601	125.8	111	139.8	159	158.8	65	231.4
2. Resident Full Year								
≥ $30,000	657	123.7	128	128.7	163	157.8	64	234.9
≥ $40,000	641	125.9	116	138.5	160	160.1	64	234.9
3. Resident and Active in Two Consecutive Years								
≥ $30,000	629	126.5	116	137.0	159	160.0	61	241.9
≥ $40,000	619	127.9	111	141.6	157	161.6	61	241.9
4. Resident During Any Portion of the Year								
≥ $30,000	716	119.0	136	124.1	166	156.1	69	224.1
≥ $40,000	686	122.7	120	136.0	162	159.1	68	226.8
5. Person-Year Equivalents[4]								
≥ $30,000	695.3	122.6	132.8	127.1	164.8	157.2	66.9	231.1
≥ $40,000	671.8	125.3	118.6	137.6	161.2	159.9	66.2	233.0
6. Resident at Year End With Payments ≥$7,500 in Each Quarter of the Year	613	128.7	111	141.4	157	161.8	59	248.3
7. Resident at Year End and Not in Teaching Institutions	650	124.3	84	162.1	137	167.0	52	266.1
C. By Place of Graduation:[2]								
Saskatchewan	215	115.9	24	117.2	32	178.0	21	137.3
Canada, Other Than Saskatchewan	96	102.2	42	95.8	53	146.6	14	344.5
United Kingdom and Eire	214	132.5	21	118.3	39	141.6	17	203.4
Asia	113	123.6	31	169.2	25	157.8	9	369.7
Other Areas	48	130.5	13	158.8	16	181.4	5	149.1
D. By Age Group:[2]								
Under 35	170	104.3	9	85.1	7	199.2	13	150.1
35 - 44	204	130.4	50	127.2	54	162.8	17	233.8
45 - 54	174	133.3	47	148.2	53	162.1	16	212.0
55 - 64	113	121.0	15	125.1	40	157.8	16	338.5
65+	25	83.8	10	66.0	11	68.0	4	126.0

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $30,000 or more in Commission payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.

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